

LESTER S. KRITZER, M.D., F.A.C.E.
ENDOCRINOLOGY AND METABOLISM

WATKINS CENTRE
935 MAIN STREET
MANCHESTER, CT 06040
(860) 649-0233
FAX (860) 647-1827

Dear Patient,

Please arrive 15 minutes prior to your appointment. If you are unable to keep this appointment, please call at least 24 hours in advance.

Please fill out all the attached forms **entirely**. You may return them by mail, fax or bring them in with you 15 minutes prior to the time of visit, along with your **Photo ID and Insurance Card**. **If paperwork is not completed at time of visit your appointment will be rescheduled.**

Your insurance carrier MAY require a referral to see a specialist. If you are unsure, please call your insurance carrier. If your insurance requires a REFERRAL, please call your primary care physician to obtain. You must have REFERRAL information in our office by the DATE of your appointment or you will be billed for the ENTIRE VISIT. You can call us to verify that we have received it.

If you do NOT have insurance coverage, payment IN FULL is due at the time of visit. Co-pays are also due at time of visit.

If you have any questions, please call the office at (860) 649-0233

Sincerely,

The Office Staff
Enclosures