



Sunshine Healthcare Solutions

Primary Care Specializing in You

Susan G. Schneider, MD, MSPH

Welcome to our Practice!

We are pleased you have chosen Sunshine Healthcare Solutions to be your Primary Care Provider. We are committed to providing you with the highest standard of medical care. We want to create a partnership to keep you healthy and active. We hope our relationship will provide open communication, listening as much as talking, and improved well-being.

We will review your medical history at each visit, but on your first visit, there is an especially detailed evaluation that we need filled out in its entirety.

Please complete and return these 6 forms *prior to your initial visit*.

- **Physician Authorization Form**
- **New Patient Registration form**
- **HIPPA Form**
- **Advanced Beneficiary Notice**
- **Patient History form**
- **Payment Policy Form**

The forms can be faxed back to our office at **888-584-1919** or mailed to the below address.

Please arrive **10 minutes** prior to your scheduled appointment with your active insurance card. After your initial visit, you may receive a personal invitation to provide us with feedback about your experience at Sunshine Healthcare Solutions. Please take advantage of this opportunity as we are very interested in your opinion.

For a detailed look at our practice, policies, access to health forms, updates, and important health educational information, visit our web-site, www.sunshinehealthcaresolutions.com.

We look forward to meeting you. If you would like more information about the practice, call us at **866-389-7601**.

Sincerely,

Michael Pitcher
Executive Practice Administrator