

Beaumont

Acute Care Surgery
44199 Dequindre Road,
Suite 315, Area C, POB
Troy, MI 48085
Phone: 248-964-1170 Fax: 248-964-1188

Welcome to our office,

This letter is to confirm your appointment for:

General Surgery Consultation

Appointment with: _____

Appointment Date: _____

Appointment Time: _____

Parking: Parking is free in the parking structure. Valet parking is available at main entrance for a fee.

Location: When you arrive, you will look for "Area C", in the Professional Office Building- Troy (Main Campus). "Area C" is located just past the Main Entrance. *You will see a large Beaumont Bear statue.
There are 3 steps and a ramp going down to the elevators. Take the elevators to the 3rd floor to suite #315.

Please open and print the New Patient Paperwork Form which can be found on our website as well. Please complete and bring with you to your appointment along with your **driver's license or photo ID** and **insurance card(s)**. If your insurance requires a **referral**, you are responsible for contacting your primary care physician and bringing it with you to your appointment. Without the any of the above underlined documents, you may be asked to reschedule your appointment. For any questions pertaining to your insurance coverage, please contact your insurance provider at the telephone number listed on the back of your card to assure our Physician is within your Network Plan. You will be responsible for any office visit Co-pay and Prior Balances the day of your appointment.

If you must cancel your appointment we ask that you please give our office a 24-hour notice.

If you have any questions please contact us at the number provided above.

Thank you,
We look forward to seeing you at your appointment.