

McLean County Foot and Ankle

PLEASE READ THE FOLLOWING LETTER CAREFULLY.

****Bring all completed forms with you to your appointment. DO NOT MAIL THEM.***

Welcome to **McLean County Foot and Ankle!** Your appointment has been confirmed with

Dr. _____ on _____ at _____.

Physician Date Time

Please bring the following with you to your appointment:

- ✓ All forms included in this mailer, completed
- ✓ Insurance card
- ✓ Photo ID
- ✓ X-Rays, if taken (related to your visit)
- ✓ _____

If this is a **workers compensation** related injury, please bring:

- ✓ Your case workers contact information
- ✓ Case number
- ✓ Any other pertinent information

Please note that all co-pays must be paid prior to your appointment, or your appointment will be rescheduled. If you have not had X-Rays prior to this visit, please arrive 5-10 minutes early. All questions can be directed to (309) 662-9001.

Thank you for choosing **McLean County Foot and Ankle.** We look forward to our visit.

Sincerely,

The MCFA Team