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CTHerniaCenter • CTCOLORECTALCenter
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Welcome to PACT Surgical Specialists, Office of Dr. Bonadies, Dr. Aversa & Dr. Zakhaleva and our affiliated CT Hernia and Colorectal Centers. Our mission is to provide a safe, effective, patient-centered surgical solution for your problem through the use of proven technology and individualized surgical techniques. Our patients recover in minimal discomfort with rapid return to normal activity and with the best achievable short and long term results. The following is some information that will help familiarize you with our practice. We hope you will find this information useful.

With three conveniently located offices in **Hamden, Branford and Ansonia**, we see patients every weekday. It is our payment policy to collect the appropriate payment due from the patient at the time the service is rendered. This may only be your co-payment, deductible and/or co-insurance, but we do ask for payment at the time of your visit. If you need Disability or FMLA forms completed for your Employer, there is a one-time \$25.00 fee at the time of the request. We accept most major credit cards.

If you have any questions regarding this information, we will be happy to discuss them at the time of your visit. Also enclosed are patient registration and privacy practice (HIPAA) forms to be completed prior to your scheduled visit.

Please bring the following information to your visit:

- Insurance card(s)
 - Patient is responsible to get electronic referral from PCP to Specialist, if required.
 - It is the patient's responsibility to know their out-of-pocket expenses prior to having a procedure done. Please call the member services phone number on the back of your insurance card if you do not know your out-of-pocket expenses. (this may not apply to your insurance plan)
- Driver's license or other photo identification

We appreciate your selecting PACT Surgical Specialists for your surgical evaluation and care. We will work hard to serve your best interests.

The undersigned hereby acknowledges that they have received, read and understands the above.

Patient Name (*please print*) _____
Patient Signature _____ Date: _____

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