



# WESTERN NEUROLOGICAL ASSOCIATES

A MEDICAL CORPORATION

**FAWAZ FAISAL, M.D.**

Diplomate, American Board of Psychiatry & Neurology  
Diplomate, American Board of Clinical Neurophysiology  
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Dear Patient,

We would like to take this opportunity to welcome you to our practice. Please take a few minutes to read this note to allow us to better serve you.

Regular office hours are 9:00 am to 5:00 pm Monday through Thursday, 9:00 am- 4:00 p.m. on Fridays. We close for lunch between 12 pm and 1pm. Because of the special attention we give to each one of our patients, and because our physicians provide emergency care at the hospital, we may occasionally run behind schedule. We ask that you please call before you leave for your appointment to verify that we are running on time. This is a benefit we offer to you as our patient so that you do not have a long wait time.

Please call at least 24 hours in advance if you need to cancel or reschedule any appointment. Our billing department may bill you a "no show" fee if you do not notify the office at least 24 hours prior to your appointment time. It is also important to note that any patient arriving more than 15 minutes late may have to reschedule for the next available opening.

Routine medication refills are not taken by phone. We will refill your medications at time of your office visit or via a direct fax request from your pharmacy, so please make us aware of all prescriptions which need to be refilled. We ask that you anticipate your medication needs as we have a 24-hour turn-around on all prescription refill requests.

All financial obligations are due at the time of the visit including co-payments. For your convenience we accept checks, cash, Visa, MasterCard, American Express, Diners Club and Discover. We will bill only the primary and secondary insurance companies provided to our office by the patient or his/her guarantor on the date of service. This is a courtesy provided for your convenience. You will be responsible for billing the tertiary insurance in the case that you have one.

Please bring with you a detailed list of your medications and any outside medical records or radiographic films, which will help us better evaluate your neurological condition. Please complete the enclosed forms and bring them with you the day of your appointment. We will also require copies of your insurance cards and some form of picture ID. Please present the forms and the necessary cards when you sign in for your appointment.

If you have any questions please do not hesitate to call. We hope to meet your expectations and provide you with the best quality medical care you expect.

Sincerely,

Western Neurological Associates