

JOHN D. BRAY, M.D.

PEDIATRIC & ADULT ALLERGY/IMMUNOLOGY
PEDIATRIC PULMONARY DISEASE
SLEEP DISORDERS MEDICINE

FELLOW

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& IMMUNOLOGY
THE AMERICAN COLLEGE OF CHEST PHYSICIANS
THE AMERICAN COLLEGE OF ALLERGIES
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THE AMERICAN SLEEP DISORDERS ASSOCIATION

606 N. KENT STREET, SUITE B
MIDLAND, TEXAS 79701

OFFICE
(432) 561-8183

RESIDENCE
(432) 697-4212

jdavidbray@aol.com

DIPLOMATE

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INFORMATION YOU NEED FOR YOUR FIRST VISIT

An appointment has been made for _____ on _____ at _____. This first visit will involve approximately three to four hours of your time and the efforts of several people working with me. The initial examination will consist of detailed history, physical examination, and, if indicated a pulmonary function test (PFT), and basic xrays.

Please bring with you any medical records, immunization records, laboratory, and x-rays that might be helpful to me. During the consultation, I will discuss with you the history of your problem in detail. Following this evaluation and your physical exam, a decision will be made regarding what medication may be needed and if any allergy testing, sleep study, more extensive pulmonary functions testing, blood tests, or x-rays are necessary. You will be taught how to cope with your illness and should be prepared to learn a good deal. I strongly encourage you to write down any questions you have and bring them with you. If the patient is a child, I prefer to have both parents present for the initial consultation if possible.

No one likes to talk about cost but everyone is interested. The initial consultation will be approximately \$370.00. There will be separate charges for any and all labs, x-rays, or additional testing performed if they prove necessary. We are always happy to explain any test, why it is ordered, why it is helpful or necessary and what the cost is. Major medical insurance will usually pay for this visit and any subsequent tests that may be necessary.

As a special aid to our patients with medical insurance, we will file their insurance however, we ask that you remit your insurance co-pay at the time of service plus any deductibles that have not been reached. This is to be paid in full at the time of service unless other arrangements have been made prior to your visit.

If your insurance is not in effect at the time of service or does not cover these types of medical services you will be required to pay for all charges performed. After the initial visit, we will continue to file insurance on any additional testing and you, the patient are expected to pay for any services not covered by the insurance (i.e.: copays, deductibles, co-insurance amounts). Allergy injections are billed to you monthly and payment is due within 10 days of the statement. If any special arrangements are made regarding payment of the initial visit, please contact our office manager or billing specialist. If you have any questions, please feel free to call us.

Since two to three hours are assigned to this first appointment, we are presented with a serious problem if you miss it. **If it is necessary for you to cancel or miss this appointment you must call 48 hours in advance to avoid a \$300.00 fee being charged to you as a no-call no-show for a consult.** This will help us to schedule other patients who are waiting for consultations. Please extend us this common courtesy if you have a problem. **WE LOOK FORWARD TO HAVING YOU AS A PATIENT.**

Best regards,

John D. Bray, MD