



THE JAMES BRADY BUCHANAN UROLOGICAL INSTITUTE

Dr. Jonathan Jarow
The Johns Hopkins Outpatient Center
Urology, 4th Floor
601 North Caroline Street
Baltimore, MD 21287

Dear Patient:

This letter is to confirm your consultation appointment. I will be seeing you in the Johns Hopkins Outpatient Center, Urology Clinic, 4th Floor. For your convenience a parking garage is available adjacent to the building.

Please print and complete the following questionnaire prior to your first visit and bring the questionnaire along with all records and testing results (medical records, semen analyses, blood work, etc.) to your first visit.

If you have scheduled a consultation for:

Infertility: please complete [Male Fertility Evaluation](#)
Vasectomy Reversal: please complete [Vasectomy Reversal Evaluation](#)
Vasectomy: please complete [Vasectomy](#)

It is very important that you have a clear understanding of what your insurance carrier will and will not pay. We have found that many insurance groups do not provide coverage for certain diagnoses. We strongly suggest that you contact either your Customer Service Department of your insurance company or your employee benefit manager to confirm whether and how much they will pay before the time of your appointment. If you are a member of a health maintenance organization, you may need a written referral from your primary care physician and you will need to call your insurance company to have the services pre-authorized as well. It is the member's responsibility to obtain this authorization/referral form and to call your insurance company for a pre-authorization. Other wise, you will have to pay at the time of service. The fees range from \$185.00-369.00.

On the day of your visit, please arrive 30 minutes prior to your appointment and come directly to Patient Information, located on the first floor of the Outpatient Center. There you will receive your Johns Hopkins Hospital ID plate. Please bring the following items:

1. Your Johns Hopkins Hospital ID plate (if available)
2. Insurance cards and completed forms, if necessary
3. Completed HMO/PPO authorization /referral forms.
4. Complete name, address, phone number, and UPIN number (if available) of your referring physician
5. Any biopsy results/laboratory results, reports from outside facility

If you must cancel this appointment, please notify the Urology Clinic staff at least 48 hours in advance of your appointment at 410-955-6108. We will be happy to reschedule another appointment for you at that time. In you need driving directions to the Outpatient Center, please call 410-955-9500 or refer to the 'Driving Directions' link on this site.

I look forward to meeting you soon,

Sincerely,
Jonathan Jarow, M.D.