

D. MALCOLM SPICA, PH. D.
Licensed Clinical Psychologist
Neuropsychologist

This letter is to confirm an appointment for _____ on _____
at _____ with Dr. Spica for a neuropsychological examination. This appointment was
made by _____.

Our records show that your insurance is _____. Your insurance may not
provide full coverage for our services. We therefore suggest that you inquire about the extent of
your coverage with your insurance carrier. If you have questions about procedure codes, you may
call our office for such information. A payment of _____ is expected on
the date of your appointment (made payable to D. Malcolm Spica, Ph.D.).

We are located at 220 Fort Sanders West Boulevard in Knoxville. From I-40, take the 140 South
to the first exit; EXIT 1, US-11/Kingston Pike - West. Travel west on Kingston Pike 0.2 miles to
the first traffic light (Fort Sanders West Boulevard). TURN LEFT on Fort Sanders West
Boulevard - Enter the medical center parking area and travel to the Medical Office Building on the
far right, labeled "MOB 2." We are located on the 3rd floor of MOB 2 within Parkway Neurology
Associates office; Suite 300.

We have reserved this appointment time for you. If you are unable to make the appointment, we
would appreciate the courtesy of a call as soon as possible to cancel or reschedule.

Please note this is an extended appointment with one hour lunch break.

Thank you,

SPICA PSYCHOLOGY, PLLC

