

You are receiving this mailing because you have expressed interest in learning more about hysterectomy procedure at Boston Medical Center (BMC).

Enclosed you will find the following information: Information about required letters of support

Also your insurance may require referrals. Please contact your insurance provider to confirm what is required. If needed, have your Primary Care Provider's office send in the following 2 referrals, each for 6 visits valid for 1 year:

- BMC – Facility, NPI #1346218294
- Dr. Shannon Bell – OBGYN, NPI #1912206707

We strongly suggest you sign up for MyChart. This gives you direct online access to portions of your electronic medical record, including details of past or upcoming appointments and appointment reminders, and you can connect with your providers (including our Nurse Liaison) to ask non-urgent medical questions.

To sign up, visit <https://mychart.bmc.org/mychart>. For an access code, contact (617) 638-3535 or mychartaccess@bmc.org.

Please don't hesitate to contact us with any questions. We look forward to working with you.

Sincerely,

Center for Transgender Medicine and Surgery Team

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Email: Transgender.center@bmc.org

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Center for Transgender
Medicine and Surgery