



Dear Patient,

Date: _____

Your Physician has referred you to our office for your medical condition. Enclosed you will find all the necessary information regarding your appointment. Call your PCP to obtain a referral authorization number if your insurance is an HMO. (If unsure what type of insurance you have, call your Primary Care Physician).

YOUR RESPONSIBILITIES:

Enclosed you will find all necessary forms that you will need to fill out and bring with you, which includes a Patient Medical History form, Two Types of Medical Records release forms, and a HIPPA form.

1. If your insurance has changed, please call us immediately.
2. If you are unable to keep your appointment, it is **YOUR RESPONSIBILITY** to call our office and **RESCHEDULE** or **CANCEL**. You will be charged a \$ 25.00 fee if you do not notify our office **within 24 hours**.
3. Make sure you get to your appointment 15-20 minutes early to register, please have your **current Insurance Card** and a **Picture I.D.** available for copying. Do not lose your information as this may result in unnecessary time delays.
4. Please bring a **detailed list of medications that you are currently on** to your appointment as well as any **records that pertain to your GI symptoms**. (Lab reports; any previous Colon or Endo reports)
5. Failure to obtain medical records **especially if you are a NEW PATIENT, CHANGING DOCTORS, or having a SECOND OPINION**, may result in **rescheduling of your appointment**.