

Dear Patient,

Thank you for choosing GI Specialists of Georgia for your healthcare needs. We are looking forward to welcoming you to our practice.

Enclosed you will find patient information and medical history forms that will **need to be completed and brought to the office at the time of your appointment. Failure to complete these forms prior to your arrival at the facility may delay your appointment.** We also require a list of any medications you are taking, including dosage.

We accept and file most major insurances, including Medicare. Please bring your insurance card(s) with you so that we can create your record in our system and assist you with your insurance. If you have an outstanding balance or your insurance requires a deductible or co-payment, this will be collected at the time of your appointment.

GI Specialists of Georgia is comprised of multiple entities including clinical offices, endoscopy centers, histology and anesthesia services. In the event that one entity is overpaid for services rendered (this would include the practice and facility fees) and there is a balance owed on another, we reserve the right to transfer money between entities to cover open balances.

Again, thank you for choosing GI Specialists of Georgia for your healthcare needs. We will strive to make your relationship with us as pleasant as possible.

Physicians and Staff
GI Specialists of Georgia, PC

Enclosures

GI Specialists of Georgia and Associated Entities:
DCA Diagnostics • GI Diagnostics Endoscopy • Towne Lake Endoscopy
Anesthesia • Histology Services

OFFICE POLICIES AND AUTHORIZATIONS

Below are the policies of GI Specialists of Georgia, PC. Please read carefully and sign your acknowledgment at the bottom.

AUTHORIZATION TO PAY BENEFITS TO PHYSICIANS:

I hereby authorize direct payment to the doctor whose name appears for surgical or medical benefits. I understand I am financially responsible for non-covered services, co-payments and any portion of deductible not paid by the insurance company.

I hereby authorize GI Specialists of Georgia, PC to release any information required to my health insurance provider for the purpose of processing claims for services I received from GI Specialists of Georgia, PC.

If I am using insurance benefits to provide payment, in addition to the payments for which I am personally responsible, I hereby reassign my health benefits to GI Specialists of Georgia for the delivery of services.

CANCELLATION / NO SHOW POLICIES:

Our office requires 2 business days' notice for cancellations or reschedules of Office Appointments. Failure to cancel without 2 days' notice may result in a fee of \$20.00.

Our office requires 5 business days' notice for cancellations or reschedules of Procedures. Failure to cancel without 5 days' notice may result in a fee of \$50.00. Patients that fail to show for a procedure are subject to a \$200 fee.

PAYMENT:

Co-payments and deductibles are due prior to services being performed unless other arrangements have been made with Patient Financial Services. We will file with your insurance as a courtesy; payment is the patient's responsibility. Any unpaid balance is due within 30 days of services rendered. Failure to pay could result in account being placed with an outside collection agency.

GI Specialists of Georgia (GSG) is comprised of multiple entities. In the event that one entity is overpaid for services rendered (includes the practice, facility fees, anesthesia and histology services) and there is a balance owed on another GSG entity, we reserve the right to transfer money between entities to cover open balances.

FEES FOR MEDICAL RECORDS:

In accordance with Georgia Legislative Code 31-33-3(a) there will be an administration charge for copies of all medical records.

PERMISSION TO TREAT:

I voluntarily allow GI Specialists of Georgia, PC and all medical personnel to perform diagnostic studies, tests, x-ray examination, EKG, lab work, procedures or any other treatment or examination to me during the period of medical or surgical care, they consider pertinent.

PERMISSION TO OBTAIN MEDICATION HISTORY:

I hereby authorize GI Specialists of Georgia, PC and all affiliated entities to obtain and share prescription medication history with my pharmacy.

RECEIPT OF NOTICE OF PRIVACY PRACTICES:

I have had the opportunity to review a copy of GI Specialists of Georgia, PC "Notice of Privacy Practices".

Upon request, a hard copy will be provided or is available on our website at: www.gigeorgia.com

AUTHORIZATION TO RELEASE PROTECTED HEALTHCARE INFORMATION:

I hereby give GI Specialists of Georgia, PC permission to discuss any of my Medical Information with the following people:

Name:

Relationship:

Is it permissible to leave Medical Information on an Answering Machine or Voicemail? YES NO

If yes, please list phone number(s) where we can leave messages: _____

AUTHORIZATION TO RECEIVE ELECTRONIC COMMUNICATIONS:

Preferred method of contact: _____ [phone number]

I hereby authorize GI Specialists of Georgia to contact me at the phone number above. I understand that to the extent the phone number is a cell phone number, I am responsible for any text message costs applied by my phone service provider.

I agree to receive HIPAA compliant recurring telephone calls and/or SMS or MMS text messages for healthcare related marketing purposes, payment purposes, appointment reminders, and communications related to my treatment at the phone number provided above, including but not limited to calls or texts sent using an automatic telephone dialing system or an artificial or prerecorded voice.

I understand that text messages are not encrypted or secure and that I am assuming the risk of potential access by an unauthorized individual who may access my personal information transmitted to me via text messaging.

Preferred email address for communications: _____

I hereby authorize GI Specialists of Georgia to transmit healthcare reminders, information for payment purposes, and information related to my healthcare needs to the email address above. I hereby acknowledge the inherent risks of electronic communication and understand that the email is not encrypted or secure. I agree to assume responsibility for protecting the confidentiality of any protected health information contained within the email and by consenting to this form of communication, I assume the risks associated with the unsecure email communication.

By my signature below, I acknowledge I have read this form and I fully understand the policies and procedures.

Patient Signature: _____

Date: _____

GASTROINTESTINAL SPECIALISTS OF GEORGIA, PC
Patient Follow-Up History Form

Patient Name: _____

Date: _____ Age: _____ DOB: _____

Primary Care Physician: _____

Consult Requested By: _____

CURRENT SYMPTOMS/ILLNESSES: _____

ALLERGIES: None
 Latex
 Iodine
 Others (Please List) _____

MEDICATIONS: (Fill in the following if you are currently taking any of these medications)

<input type="checkbox"/> Aspirin	<input type="checkbox"/> Ibuprofen Products	<input type="checkbox"/> Arthritis Medications
<input type="checkbox"/> Insulin	<input type="checkbox"/> Plavix / Other Blood Thinner	<input type="checkbox"/> Coumadin / Warfarin

SOCIAL HISTORY:

Are you a smoker? Yes No
Alcohol Use? Yes No

Patient Signature: _____ Date: _____

Physician Signature: _____ Date: _____

Anesthesia Signature: _____ Date: _____

Staff Signature: _____ Date: _____



Consent to Receive Test Results via Patient Portal

GI Specialists of Georgia's preferred method of delivery on non-urgent test results and communication with you is via our Patient Portal.

Any patient who has internet access can obtain a summary of their medical information, is able to communicate with their physician for non-urgent or emergent matters, request appointments, request prescription refills and receive appointment reminders.

Please indicate your desire to utilize this very useful communication tool:

Yes, I wish to receive non-urgent test results and non-urgent communications via my secure patient portal access.

Current Email

No, I do not wish to use the patient portal at this time.

Patient or Legal Representative

Date