

Tucson Gastroenterology Patient Information

Appointments

We require a photo ID upon check in at each visit to our office. I understand that if I need to cancel or reschedule my appointment I will need to give adequate notice. We require 24 hour notice of cancellation or reschedule for office visits and 48 hour notice of cancellation or reschedule for procedure appointments. I understand if I fail to give this notice I may be charged a fee up to \$25 for office visits and \$100 for procedures for the missed appointment.

Billing

I understand that I must show a current and accurate insurance card at each visit in order to have my visit billed to my insurance carrier(s). If proof of insurance is not available, I understand that the burden of full payment falls on me, or I may reschedule my appointment for the next available appointment.

Insurance/Co-payments

We recommend that you contact your insurance company prior to any services being performed to be informed of your benefits. Your insurance benefits are a contract between you and your insurance company, not Tucson Gastroenterology. Explanation of procedure billing is located on the reverse side of this form. Co-payments are due at the time of check-in for your appointment. I further understand that it is my responsibility to notify the office of any insurance changes prior to the day of my appointment.

Patient Walk-in

We welcome all patients. To meet your needs in advance we ask that you phone our office rather than coming to our office without a scheduled appointment.

Phone Calls

In most cases please allow up to 48 hours for a return phone call. Phone calls may be monitored to help insure excellent customer service.

Prescription Refills

Please call your pharmacy at least 3 business days before you need your medication refill.

Test Results

We understand that often times you are told by the physician, radiology, lab, etc. to call our office in a couple of days for your results. We request that you allow 14 days to receive your results, as the entire process can take this long.

Children

Please consider leaving small children at home in more comfortable surroundings whenever possible.

Website

Visit www.tucsongastro.com for further information about our office.

Thank you. We appreciate your trust in our doctors and look forward to caring for you.

I acknowledge receipt of this information.

Printed Name

Signature

Date