

Welcome from Carolina Digestive Health Associates, P.A.

Our goal is to provide you with the utmost professional experience while fulfilling all of your healthcare requirements. We would appreciate your assistance with our registration process.

Please read this letter carefully and complete all included forms before your arrival for the office appointment. Do not mail your forms. Bring them with you.

- This appointment is for an office visit only.
- Please visit our website for practice information and specific office directions @ www.carolinadigestive.com.
- You will receive an automated appointment reminder call 48 to 72 hours before your appointment. Please follow the prompts to confirm or cancel your appointment.
- If you are unable to attend your appointment, we expect a minimum of 48 hours notice. (Please extend this courtesy as other patients may need these time slots)
- ***We charge a \$25.00 fee to patients that do not arrive for their appointment or do not provide adequate notice. There is also a \$100.00 fee for failure to show for a procedure or fail to provide adequate notice.***
- Please arrive 15 minutes early for your first appointment to allow for timely registration.
- Please bring your **insurance card** and be prepared to pay your **co-pay** for every visit.
- If you do not have an adult that may accompany you as a **translator**, please provide us 72-hour notice so that we may arrange one for you.
- If your insurance plan requires that you have a referral to see a specialist, we urge you to contact your PCP to confirm that one has been provided for you.