

Dear New Patient,

Welcome to Carolina Digestive Health Associates. The physicians and friendly staff of Carolina Digestive Health look forward to providing you with quality care. Our physician team has provided G.I. medical care to our surrounding communities for more than twenty years.

Please complete the enclosed forms. These forms provide our physicians with pertinent information regarding your current health status prior to scheduling your procedure.

Practice Brochure
Colonoscopy Consent Forms (2)
Patient Information Forms
Review of Systems/Patient History Form
HIPPA Form

You can return your completed forms in one of the following ways:

Mail your forms to our office along with a copy of your insurance card (please copy front and back of your card). See enclosed address.

Or

Fax your forms to _____, along with a copy of your insurance card (please copy front and back of your card).

Or

Come by our office and drop off your forms, along with a copy of your insurance card (please copy front and back of your insurance card).

The risks, complications or any adverse consequences possibly associated with your procedure will be reviewed with you by your gastroenterologist at the hospital prior to your procedure.

Carolina Digestive Health Associates recommend you contact your insurance company to confirm whether a screening colonoscopy is covered under your insurance plan. Also, if your plan requires a referral, please contact your primary care physician prior to scheduling your procedure.

For your convenience, Carolina Digestive Health bills all patient insurances. There will be a \$100.00 charge, if you NO SHOW for your procedure.

To learn more about our practice, we invite you to visit our website at www.carolinadigestive.com.

If you have questions, please call _____ and ask for

Thank you.

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