

AGC

Athens Gastroenterology Center, P.C.

21 Jefferson Place · Athens, Georgia 30601

Dear Patient,

Welcome, this is your new Patient Information Packet for your upcoming office visit. Please complete the enclosed forms to the best of your ability and knowledge. These forms should be completed in **ink** only, and please **do not** mail the information to us; just bring it with you on the day of your visit. If you need assistance in completing these forms, we will be glad to help you on the day of your visit.

These are a few items that you will need on the day of your visit:

- Insurance Card
- List of medications you are currently taking, including any herbs or vitamins
- Any records from a previous Gastroenterologist, or from your Primary Care Physician

Please make sure you have a referral for your visit if your insurance company requires. It is the patient's responsibility to obtain the referral. **We are not responsible if your benefits do not pay due to lack of a referral.** If you have **Georgia Better Health Care, Medicaid, BC/BS POS, Tricare Prime** you will need a referral from your Primary Care Physician. Please check with your insurance company to make sure we are in your network.

As always, we do everything we can to better serve your needs in the most efficient and professional manner. If you have any questions or concerns, please do not hesitate to contact me at (706) 548-0058.

Sincerely,

Felicia Fyshe
CSR/Scheduling

Your appointment date: _____

Your appointment time: _____

You were referred by: _____

Please call our office two days in advance if you are unable to keep, or need to reschedule your appointment. A broken appointment is a loss to everyone.