



Dear _____,

Welcome to our office! We are committed to providing the best, most comprehensive care possible. We encourage you to ask questions. Please assist us by providing the following information. All information is confidential and only released with your consent. These forms should be completed in ink only, and you may bring them with you on the day of your visit. Please make sure all blanks are filled in. 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 and Picture ID
Co-Payment and Deductible (if you have one), and payment for any due balances.
Part D Medicare Card or Pharmacy Card (if you have one)
A list of the prescription(s) and over the counter medications you are currently taking, including any herbs or vitamins. Please include the dosage and how often you take your medications.
Any G.I. records from a previous Gastroenterologist, and your Primary Care Physician/Family Doctor, which may be related to your reason for visit. Please fax these records to (706) 548-0555, or bring them with you to your office visit.

Co-Payments are due at time of visit. We recommend you check with your insurance company to make sure we are in your network. It is the patient's responsibility to know where their insurance will cover them. Please make sure you have a referral for your visit if your insurance company requires a referral. It is the patient's responsibility to obtain the referral from your primary care physician. We are not responsible if your benefits do not pay due to the lack of a referral. If you have the following insurance you will need a referral from your Primary Care Physician. (List is subject to change without notice.)

- Blue Cross Blue Shield (BCBS) HMO; BCBS Pathway Guided Access; BCBS Gatekeeper
Cigna HealthSpring
Kaiser Permanente HMO
National Union Fire Insurance
Pearce Administration
TriCare Prime HMO
United Healthcare Navigate

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 us at (706) 548-0058.

Sincerely,

AGC Scheduling Coordinator

YOUR APPOINTMENT DATE: ____/____/20____

YOUR APPOINTMENT ARRIVE TIME: ____: ____ AM/PM

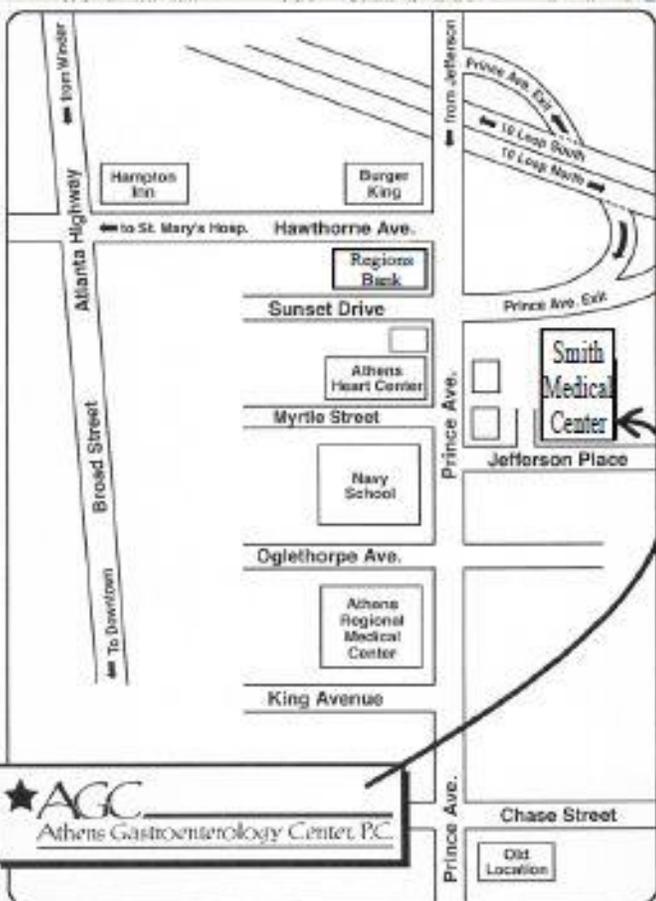
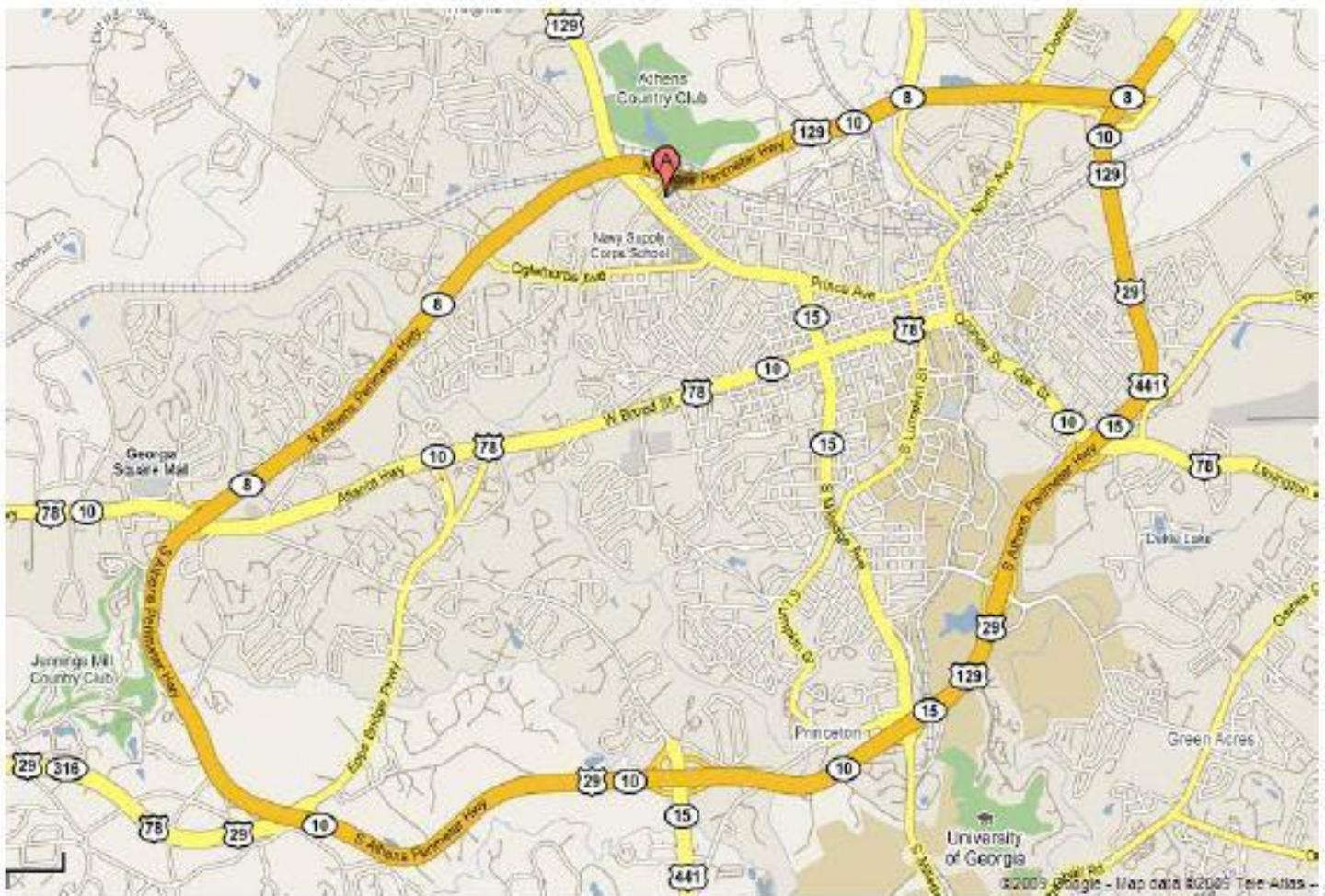
YOU WERE REFERRED BY: _____

YOUR APPOINTMENT IS WITH:

- GREGORY S. SMITH, M.D.
MARY DOTSON, NP
AMANDA DUNCAN, NP
MARGRET BROWN, PA
OTHER: _____

To avoid "no-show" fees, 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.

Thank you for allowing us to be part of your healthcare team!!



Welcome to the office of
Dr. Gregory S. Smith!

Smith Medical Center
(Athens Gastroenterology Center)
21 Jefferson Place
Athens, GA 30601

Please bring your
current medications,
insurance cards,
and co-pay.

If you have any
questions, please call
our office
706-548-0058.