

The physicians and staff of Cleveland Gastroenterology Associates, P.A. welcomes you to our practice. Our mission is to provide excellent professional care to all patients and improve digestive health in our patients and members of the community. We look forward to serving you.

PLEASE USE THIS CHECKLIST AS FOLLOWS:

- ✓ Bring **insurance cards, driver's license, and preferred method of payment** with you to each office visit. We will be glad to file your insurance. However, co-pays and deductibles are expected at the time services are rendered. If you are not covered by health insurance, payment is due when services are rendered. We accept cash, check, money order, Visa, MasterCard, or Discover.
- ✓ Fill out the Patient Information Sheets **completely** and bring them with you to your appointment. If you are unable to do so, please ask someone to help you as time does not permit our staff to complete these for each patient. ***If forms are NOT filled out, it may be necessary to reschedule your appointment.***
- ✓ Bring **ALL** medications you are currently taking.
- ✓ Due to allergies, please do not wear any cologne or perfume.

NOTICE TO PATIENTS: All endoscopy procedures must be scheduled within 30 days of initial office visit. **All procedures do require a pre-payment in addition to your specialist copay.** The pre-payment amount varies according to your insurance. You are required to pay the co-insurance before your procedure/test is performed. Failure to do so will result in cancellation of your procedure/test. Any deductible(s) or remaining balance must be paid within 60 days.

The physicians of Cleveland Gastroenterology Associates, P.A. attend to patients and perform procedures at Cleveland Regional Medical Center and Cleveland Ambulatory Services daily and, therefore, are limited in time for office appointments (patients are scheduled for the first available appointment time). Patient appointments often have to be scheduled for several days or weeks from the time they are requested. When an appointment is cancelled with prior notice, patients who have been postponed until a later date can be rescheduled during that time. Appointments that are not kept or cancelled without adequate notice cause inconvenience to our patients and increase the cost of care for everyone. In order to continue to provide quality and efficient health care to our patients, it is necessary that our office now institute a cancellation policy. If you have an office appointment and do not give at least a **24 hour notice** of cancellation, your account will be billed a **"Missed Appointment"** charge of \$25.00.

If you are scheduled for a procedure (EGD, colonoscopy, ERCP), you must give a 48 hour notice of cancellation of your procedure or you will be charged a \$100.00 cancellation fee.

If you have any questions, please feel free to call our office at 704-480-0008 between the hours of 8 a.m. and 5 p.m. Monday through Thursday and 8 a.m. and 12 p.m. on Friday.

Karel F. Rybnicek, M.D. **Brian D. Smith, M.D.**

Lavonia C. Womack, ANP-BC

Megan L. Stephens, FNP-BC

Pam Burr, ANP-BC