

COLON & RECTAL SURGERY ASSOCIATES

JEFFREY F. GRIFFIN, M.D.
BOARD CERTIFIED COLON AND RECTAL SURGERY

SEAN G. MAYFIELD, M.D.
BOARD CERTIFIED COLON AND RECTAL SURGERY

MATTHEW. D. ZELHART, M.D.
BOARD CERTIFIED SURGERY

HILDRETH B. McCARTHY, M.D.
BOARD CERTIFIED COLON AND RECTAL SURGERY

JENNIFER D. SILISNKY, M.D.
BOARD CERTIFIED COLON AND RECTAL SURGERY

Thank you for contacting the office regarding a colonoscopy. Please read the information below, fill out the forms attached, and return to the office at your earliest convenience.

Are you a **New Patient** with our office: **Yes** or **No** If **No** – which Dr. do you see: _____

If **Yes** - which one of the physicians below would you like to perform the colonoscopy?

Dr. Jeffrey Griffin_____ Dr. Hildreth McCarthy_____ Dr. Sean Mayfield_____ Dr. Jennifer Silinsky_____

Dr. Matthew Zelhart_____

Please include a **copy of the front & back of your insurance cards** and a copy of your picture ID.

Once the paperwork is received back in the office and the physician has reviewed it, we will schedule your colonoscopy, contact your insurance company to verify the benefits, and notify you if there is any co-insurance, and/ or deductibles to be paid **prior** to performing your procedure.

If the physician determines he needs to see you in the office before the colonoscopy, we will contact you to set up an appointment. Please list the best number to reach you during the day: _____

An **instruction packet will be mailed to you** on how to prepare for the colonoscopy procedure once all the above information has been completed.

Please note a few of our office policies below:

1. We are sorry for any inconvenience, but we do not accept Medicaid.
2. There is a 4-day notice required on cancellation of scheduled colonoscopy/surgery. Failure to do so will result in a \$200 no show/cancellation fee.
3. Our office abides by the HIPAA guidelines and may have the need to disclose your health information for treatment and/or payment purposes. We will be happy to provide you with a copy of the complete Notice of Privacy Practices upon request.

Thank you for choosing Colon & Rectal Surgery Associates.

Enclosures:

Colon & Rectal Surgery Assoc. Patient Information form
Colon & Rectal Surgery Assoc. History & Physical form
(please fill out both entirely, or to the best of your ability)