



GREGORY S. SMITH, M.D.
Board Certified Gastroenterology & Hepatology

MARY DOTSON, DNP-FNP
Board Certified Nurse Practitioner

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) POS
- TriCare Prime
- South East Community Care/Arcadian
- Kaiser Permanente (unless it is MultiChoice)
- Pearce Administration
- National Union Fire Insurance

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,

Scheduling Coordinator

YOUR APPOINTMENT DATE: _____

YOUR APPOINTMENT TIME: _____

YOU WERE REFERRED BY: _____

YOUR APPOINTMENT IS WITH:

<input type="checkbox"/>	GREGORY S. SMITH, M.D.
<input type="checkbox"/>	_____
<input type="checkbox"/>	MARY DOTSON, DNP, RN, FNP

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!!