



Patient Name: _____
Date of Birth: _____
Referring Physician: _____

OPEN ACCESS PROCEDURE PROGRAM CHECK LIST

Please complete all items on this checklist and return **all** requested items to our office in the enclosed envelope (this will require extra postage). Our scheduler will call you after a practitioner has reviewed all of your paperwork.

The following checked items are ENCLOSED IN THIS PACKET:

- Checklist for Open Access Program
- Patient Information Sheet
- Envelope for returning paperwork
- Information Pamphlets
- Patient Medical History Form
- Information Regarding our Billing
- Instructions for Colon Prep
- Colonoscopy Pamphlet

Please complete and RETURN in the ENCLOSED ENVELOPE:

- Completed/Updated/Signed** Patient Information Sheet
- Completed/Signed** Patient Medical History Form
- Copies** of front and back of your **current** insurance card
- Phone numbers where I may be reached along with the best time to call.
Home: _____ Best Time to Call: _____
Work: _____ Best Time to Call: _____
Cell: _____ Best Time to Call: _____

If you are requesting a "Screening Colonoscopy":

You are responsible for calling *your* insurance company and verifying that a screening colonoscopy is a covered benefit.

If after receiving this packet you decide that you do not wish to proceed in this program, please call our office.

Patient Signature: _____ **Date:** _____