

CHARLESTON GI

Charleston Gastroenterology Specialists
Charleston Endoscopy Center
Summerville Endoscopy Center

_____ NEW PATIENT	_____ ESTABLISHED PATIENT		
_____ Jeffrey M. Basile, MD	_____ Neven Hadzijahic, MD	_____ William F. Marsteller IV, MD	_____ Nathan J. Shores, MD
_____ John K. Corless, MD	_____ Eddie L. Irions Jr., MD	_____ Marc D. Noble, MD	_____ R. Sidney G. Smith, MD
_____ Theodore G. Gourdin, MD	_____ Christopher Lawrence, MD	_____ Lee M. Royall, MD	

PERSONAL INFORMATION (Please Print)							
LEGAL NAME	LAST NAME	FIRST NAME	MIDDLE I.	(NICKNAME)	SEX <input type="checkbox"/> M <input type="checkbox"/> F	SOCIAL SECURITY #	
MAILING ADDRESS				CITY	STATE	ZIP	AGE / DOB
HOME PHONE	CELL PHONE	<input type="checkbox"/> SIN	<input type="checkbox"/> MAR	<input type="checkbox"/> WID	<input type="checkbox"/> DIV	REFERRING PHYSICIAN	PRIMARY CARE PHYSICIAN
EMAIL ADDRESS				PHARMACY NAME		PHARMACY PHONE #	
PATIENT OR PARENT'S EMPLOYER				BUSINESS PHONE NUMBER		OCCUPATION	
SPOUSE'S NAME		SPOUSE'S EMPLOYER			SPOUSE'S S.S.#		SPOUSE'S DOB
RESPONSIBLE PARTY (if different from patient)		RESPONSIBLE PARTY ADDRESS			RELATIONSHIP TO INSURED <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER		
PERSON TO CONTACT IN CASE OF EMERGENCY (Relationship)				CELL PHONE	HOME PHONE	WORK PHONE	

INSURANCE INFORMATION							
PRIMARY INSURANCE COMPANY		INSURANCE ID #		SECONDARY INSURANCE COMPANY		INSURANCE ID #	
GROUP #	POLICYHOLDER NAME			GROUP #	POLICYHOLDER NAME		
POLICYHOLDER SOCIAL SECURITY #		POLICYHOLDER D.O.B.		POLICYHOLDER SOCIAL SECURITY #		POLICYHOLDER D.O.B.	

Charleston GI uses Roper/St. Francis for laboratory services and AP laboratory for pathology (biopsy) services. If your insurance requires a specific laboratory please specify: _____ Pathology: _____

Charleston Gastroenterology Specialists, Charleston Endoscopy Center, and Summerville Endoscopy Center are **NOT** in-network with the following insurance companies: Aetna HMO, GHI of New York, and MUSC Options This means your insurance company may not reimburse for services provided. It is your responsibility to pay any deductible amount, co-insurance, or any other balance not paid by your insurance.

Charleston Endoscopy and Summerville Endoscopy Centers are **NOT** in-network with Blue Choice HCA, Roper St. Francis BCBS (FRA prefix), and Cigna HCA. This means that procedures **MAY NOT** be scheduled and/or performed in our Endoscopy Center(s).

In order to control the cost of billing, we request that co-payments for office visits be paid at each visit. All self-pay patients are required to make payment in full at time of service. Please present your insurance cards and a picture id upon completion. If you do not have a valid insurance card at time of visit you will be responsible to make payment in full at time of service.

Routine services are not covered by most insurance plans. Your insurance plan may not cover your visit today if you do not have a medical complaint or significant problem/abnormality. In the event that services provided are denied as routine, preventive, pre-existing, or non-covered, you will be responsible for the balance

Your signature below verifies that the above information is correct, and that you have received a copy of the practice Financial Policy and the Notice of Privacy Practices.

Your signature below authorizes payment from Medicare, Medicaid and Private Insurance directly to our practice for any service provided by our physicians.

SIGNED _____ DATE _____
PATIENT OR PERSONAL REPRESENTATIVE