
GASTROINTESTINAL MEDICINE ASSOCIATES, P.C.

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Dear Patient,

As we start the New Year, please take this time to review our updated practice policies. We will make every effort to work with you and your insurer to maximize your entitlement to health benefits. We are committed to quality medical care and your complete satisfaction.

To avoid delaying the services you may need, please be aware of the following:

- Patients is responsible for all insurance referrals needed for each visit.
- Record of the visits will be sent to the referring physician.
 - Name of referring physician: _____
- Patients are to contact their pharmacy for medication refill request.
- Changes of your medications will be discussed with the physician at your follow-up visit. If your medication makes you sick, please stop taking it and call for an earlier appointment.
- No test results will be given over the phone. They will be published to the patient portal, mailed by patient request, or given at your next follow-up appointment.

Thank you for your cooperation,

Patient Name (Printed): _____

Patient Signature: _____

Date: _____