www.gigeorgia.com

Main Line: 678.741.5000

Sohail Asfandiyar, MD
Francisco J. Cardenas, MD
Shawn Chaudhary, MD
Anish A. Desai, MD
Kunjal Gandhi, MD
Karim Gani, MD
Suku George, MD, MPH
Sachin Goel, MD, AGAF
Michael J. Grupka, MD
Shanil Harkins, MD
Jeffrey L. Kim, MD
Ross A. Kommor, MD
Subodh K. Lal, MD
Anuj Paul Manocha, MD
M. Sohail Mansoor, MD
Madhuri Meka, MD
Judy Oh, MD
Priti Pandya, MD
Swaroop Pendyala, MD
Akit Patel, MD
Umangi Patel, MD
Raja Sappati, MD
Ritesh Shah, MD
Aasim M. Sheikh, MD

Dear Patient,

Thank you for choosing GI Specialists of Georgia for your healthcare needs. We are looking forward to welcoming you to our practice.

Enclosed you will find patient information and medical history forms that will **need to be completed and brought to the office at the time of your appointment. Failure to complete these forms prior to your arrival at the facility may delay your appointment**. We also require a list of any medications you are taking, including dosage.

We accept and file most major insurances, including Medicare. Please bring your insurance card(s) with you so that we can create your record in our system and assist you with your insurance. If you have an outstanding balance or your insurance requires a deductible or co-payment, this will be collected at the time of your appointment.

GI Specialists of Georgia is comprised of multiple entities including clinical offices, endoscopy centers, histology and anesthesia services. In the event that one entity is overpaid for services rendered (this would include the practice and facility fees) and there is a balance owed on another, we reserve the right to transfer money between entities to cover open balances.

Again, thank you for choosing GI Specialists of Georgia for your healthcare needs. We will strive to make your relationship with us as pleasant as possible.

Physicians and Staff
GI Specialists of Georgia, PC

Enclosures

GI Specialists of Georgia and Associated Entities:
DCA Diagnostics ● GI Diagnostics Endoscopy ● Towne Lake Endoscopy
Anesthesia ● Histology Services

Gastrointestinal Specialists of Georgia, PC

PATIENT INFORMATION SHEET

FIRST NAME___________________ MI__________ LAST NAME____________________________________

ADDRESS____ EMAIL____________________________________

CITY_______________________________________ STATE________ ZIP_____________________________

HOME PHONE_____________________________ WORK PHONE___________________________________

CELL PHONE_______________________________ DATE OF BIRTH (mm/dd/yyyy)______________________

SOCIAL SECURITY #___________________________ SEX: M____ F____ RACE _____________________

ETHNICITY____________________________ MARITAL STATUS: S______ M______ D______ W______

EMPLOYER NAME_______________________________ OCCUPATION______________________________

EMPLOYER ADDRESS____

(1) PRIMARY INSURANCE____

ID#_______________________________________ GROUP NAME/NUMBER ___________________________

POLICY HOLDER'S FULL NAME ____

POLICY HOLDER'S RELATIONSHIP TO THE PATIENT ____

POLICY HOLDER'S DOB (m/dd/yyyy)________________POLICY HOLDER'S SSN ______________________

(2) SECONDARY INSURANCE____

ID#_______________________________________ GROUP NAME/NUMBER__________________________

POLICY HOLDER'S FULL NAME____

POLICY HOLDER'S RELATIONSHIP TO THE PATIENT____

POLICY HOLDER'S DOB (m/dd/yyyy)________________POLICY HOLDER'S SSN ______________________

Who referred you: ____

Who is your Primary Care Physician: ____

Pharmacy Name_________________________________ Pharmacy Phone____________________________

Emergency Contact ____________________________________Relation______________________________

Telephone Number ____

If you are unable to keep your appointment, please call our office. Failure to do so may result in an additional charge being billed to you.

GASTROINTESTINAL SPECIALISTS OF GEORGIA, PC

Patient Follow-Up History Form

Patient Name: ____

Date: ____________________ Age: ____________ DOB: ____________

Primary Care Physician: ______________________________________

Consult Requested By: _______________________________________

CURRENT SYMPTOMS/ILLNESSES: _____________________________

ALLERGIES:
O None
O Latex
O Iodine
O Others (Please List) ______________________________

MEDICATIONS: (Fill in the following if you are currently taking any of these medications)

O Aspirin O Ibuprofen Products O Arthritis Medications
O Insulin O Plavix / Other Blood Thinner O Coumadin / Warfarin

SOCIAL HISTORY:

Are you a smoker? O Yes O No
Alcohol Use? O Yes O No

Patient Signature: ______________________________ Date: ____________

Physician Signature: ______________________________ Date: ____________

Anesthesia Signature: ______________________________ Date: ____________

Staff Signature: ______________________________ Date: ____________

2022/03/17

Consent to Receive Test Results via Patient Portal

GI Specialists of Georgia’s preferred method of delivery on non-urgent test results and communication with you is via our Patient Portal.

Any patient who has internet access can obtain a summary of their medical information, is able to communicate with their physician for non-urgent or emergent matters, request appointments, request prescription refills and receive appointment reminders.

Please indicate your desire to utilize this very useful communication tool:

○ Yes, I wish to receive non-urgent test results and non-urgent communications via my secure patient portal access.

____
Current Email

○ No, I do not wish to use the patient portal at this time.

______________________________________ ____________
Patient or Legal Representative Date

AUTHORIZATION RELEASE

RECEIPT OF NOTICE OF PRIVACY PRACTICES:

I have had the opportunity to review a copy of GI Specialists of Georgia, PC “Notice of Privacy Practices”.

X____ Date:______________________

Patient Signature

AUTHORIZATION TO RELEASE PROTECTED HEALTHCARE INFORMATION:

I hereby give GI Specialists of Georgia, PC permission to discuss any of my Medical Information with the following people:

Name:	Relationship:
______________________________	______________________________
______________________________	______________________________

Is it permissible to leave Medical Information on an Answering Machine or Voicemail? YES NO

If yes, please list phone number(s) where we can leave messages:______________________________

I hereby authorize GI Specialists of GA, PC and all affiliated entities to obtain and share prescription medication history with my pharmacy.

X____ Date:______________________

Patient Signature

PERMISSION TO TREAT:

I voluntarily allow GI Specialists of Georgia, PC and all medical personnel to perform diagnostic studies, tests, x-ray examination, EKG, lab work, procedures or any other treatment or examination to me during the period of medical or surgical care, they consider pertinent.

X____ Date:______________________

Patient Signature

AUTHORIZATION TO PAY BENEFITS TO PHYSICIANS:

I hereby authorize direct payment to the doctor whose name appears for surgical or medical benefits. I understand I am financially responsible for non-covered services, co-payments and any portion of deductible not paid by the insurance company.

I hereby authorize GI Specialists of Georgia, PC to release any information required to my health insurance provider for the purpose of processing claims for services I received from GI Specialists of Georgia, PC.

CANCELLATION / NO SHOW POLICIES:

Our office requires 2 business days’ notice for cancellations or reschedules of Office Appointments. Failure to cancel without 2 days’ notice may result in a fee of $20.00.

Our office requires 5 business days’ notice for cancellations or reschedules of Procedures. Failure to cancel without 5 days’ notice may result in a fee of $50.00. Patients that fail to show for a procedure are subject to a $200 fee.

Patients with a history of multiple cancelled or rescheduled procedures may result in a $200 deposit being required prior to scheduling.

PAYMENT:

Co-payments and deductibles are due prior to services being performed unless other arrangements have been made with Patient Financial Services. We will file with your insurance as a courtesy; payment is the patient's responsibility. Any unpaid balance is due within 30 days of services rendered. Failure to pay could result in account being placed with an outside collection agency.

GI Specialists of Georgia (GSG) is comprised of multiple entities. In the event that one entity is overpaid for services rendered (includes the practice, facility fees, anesthesia and histology services) and there is a balance owed on another GSG entity, we reserve the right to transfer money between entities to cover open balances.

FEE FOR COPIES OF MEDICAL RECORDS:

In accordance with Georgia Legislative Code 31-33-3(a) there will be an administration charge for copies of all medical records.

By my signature below, I acknowledge I have read this form and I fully understand the policies and procedures.

Patient Signature:______________________________________ Date:______________________