


**GASTROENTEROLOGY**  
*Specialists*

\_\_\_ NEW PATIENT                      \_\_\_ ESTABLISHED PATIENT                      DATE \_\_\_\_\_  
 \_\_\_ William Brener, MD                      \_\_\_ Theodore G. Gourdin, MD                      \_\_\_ Eddie L. Irions Jr., MD                      \_\_\_ R. Sidney G. Smith, MD  
 \_\_\_ John K. Corless, MD                      \_\_\_ Neven Hadzizahic, MD                      \_\_\_ Marc D. Noble, MD                      \_\_\_ Lee M. Royall, MD

## PERSONAL INFORMATION *(Please Print)*

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

## INSURANCE INFORMATION

1st INSURANCE COMPANY				2nd INSURANCE COMPANY			
INSURANCE ID #		GROUP #		INSURANCE ID #		GROUP #	
POLICYHOLDER NAME			POLICYHOLDER D.O.B.	POLICYHOLDER NAME			POLICYHOLDER D.O.B.
POLICYHOLDER SOCIAL SECURITY NUMBER				POLICYHOLDER SOCIAL SECURITY NUMBER			

Charleston Gastroenterology Specialists and Charleston Endoscopy Center are **NOT** in-network with the following insurance companies: Tricare Prime, Aetna HMO, GHI of New York, MUSC Options. This means that 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 Center is **NOT** in-network with BlueChoice HCA and Cigna HCA. This means that procedures **MAY NOT** be scheduled and/or performed in our Endoscopy Center.

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.

**Charleston GI uses Roper/St. Francis for laboratory services. If your insurance requires a specific laboratory please specify:** \_\_\_\_\_

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

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
 PATIENT OR PERSONAL REPRESENTATIVE