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The office is located in the Trillium Office Center Building
on the west side of Garfield, 1/4 mile north of 16 Mile (Metro Pkwy)

PATIENT: _____ DOCTOR: _____

APPOINTMENT: _____
Day Date Time

Thank you for calling Tri-County Gastroenterology. The enclosed Patient Information Form will provide us with a comprehensive record of your past medical history. Please complete the form and bring it with you to your appointment. By completing this form prior to your appointment, you will save time for both you and the doctor when you meet.

Any other records pertaining to your present symptoms will also be helpful such as: **x-ray films and reports, recent laboratory tests as well as records from your referring physician.** Please bring these records and actual x-ray films (as well as x-ray reports) with you. If you are unsure how to obtain your x-rays, please call our office for guidance. It would also be beneficial to make a list of all the medications you have taken within the last six months.

Please bring a photo ID and your insurance card(s) with you. If your insurance covers office visits, we will gladly submit a claim to the insurance company for you. However, any copay or deductible amounts will be collected at registration. If you do not have insurance that covers office visits, you will be required to pay for your office visit at registration. The fee for this initial visit is \$150 to \$220 based on the level of service provided. Subsequent visits range from \$50 to \$155, again, based on the level of service provided. **The initial visit fees also pertain to patients who have not been seen by a TCG physician in the past three years.** For your convenience, we do accept VISA, MasterCard, Discover and American Express. **If you are not prepared to pay for your out-of-pocket charges at the time of service, your appointment will be rescheduled.**

If your insurance is a managed care or HMO plan, please make certain that your Primary Care Physician provides you with the required referral form and/or authorization for this visit. Without the appropriate referral/authorization, your appointment will have to be rescheduled or you will be held responsible for the full fee at registration.

If you are unable to keep this appointment, please contact our office at least 24 HOURS IN ADVANCE or we will be forced to charge you for this time.

Thank you for your cooperation and we look forward to meeting you the day of your appointment. For more information, please visit our website at www.tcgastro.com.

✓ **CHECK LIST FOR APPOINTMENT**

- Completed Patient Information Form Current list of medications
- Insurance card(s) Referral/authorization (if required) Drivers license or photo ID

and

(bring all of the below that apply)

- X-ray, CT scan, ultrasound **films and reports**
- Laboratory test results and any other pertinent medical records
- HMO/managed care referral and or authorization form