



UNIVERSITY GASTROENTEROLOGY, P.C.

1928 Alcoa Highway, B-100 Knoxville, Tennessee 37920

Phone 865-305-6570 Fax 865-305-6576

SCREENING COLONOSCOPY

Your physician recommends that you undergo a colonoscopy procedure to screen for colon cancer.

- The *American Cancer Society* recommends a colonoscopy for everyone 50 years of age and older.
- A colonoscopy may be recommended earlier if you have a family member with a history of colon cancer.
- A colonoscopy *significantly reduces* your lifetime risk of colon cancer.

University Gastroenterology is dedicated to providing you with the best care and service possible. Our experienced scheduling assistants are available to walk you through the entire screening process. They can answer any questions or concerns you may have while letting you know what you can expect before, during and after your procedure. They will work closely with your insurance company to identify your individual coverage and will communicate any potential coverage issues prior to your appointment.

- You may hand deliver this packet to our office anytime during normal business hours. At that time a scheduling assistant will meet with you one on one to answer questions and walk you through the rest of the process. Complimentary parking is available.
- You may mail it to our office along with a current copy of your insurance card(s) to:

University Gastroenterology
1928 Alcoa Highway B-100
Knoxville, TN 37920

- You may fax it to our office along with a current copy of your insurance card(s) to:

865-305-6576

Our dedicated physicians and friendly staff look forward to providing you with exceptional patient care.

UNIVERSITY GASTROENTEROLOGY, P.C.

Dr. Mark D. Anderson Dr. John A. Stancher Dr. Sangeeta (Sandy) Gulati Dr. Carlos Rollhauser
Dr. Ramanujan Samavedy
1928 Alcoa Hwy., Bldg B, Suite 100, Knoxville, TN 37920
Phone (865) 305-6570 Fax (865) 305-6576

Last Name First Name MI Birthdate Social Security Number

Have you ever been treated/scoped by any other Gastroenterologist anywhere in the past? If so,

Who? _____ Where? _____ When? _____

If you have a preference, please circle the doctor that you would like to see:

Dr. Mark D. Anderson Dr. John A. Stancher Dr. Sangeeta (Sandy) Gulati Dr. Carlos Rollhauser
Dr. Ramanujan Samavedy

Please indicate any dates that you will NOT be available _____

PAST MEDICAL HISTORY

Personal History of Colon Cancer or Polyps? If so, when _____

Check all that apply: Family History Colon Cancer Who? _____

Family History of Colon Polyps Who? _____

- | | | |
|---|---|--|
| <input type="checkbox"/> Change in Bowel Habits | <input type="checkbox"/> Rectal Bleeding | <input type="checkbox"/> Abdominal Pain |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Heart Valve Disease | <input type="checkbox"/> Bleeding/Clotting Disorder |
| <input type="checkbox"/> Diabetes _____ | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Sleep Apnea/CPAP machine |
| <input type="checkbox"/> Renal Disease | <input type="checkbox"/> Artificial Hips and/or knees | <input type="checkbox"/> Transplant |
| <input type="checkbox"/> Oxygen | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Pacemaker/Defibrillator, Valves or Stents |
| <input type="checkbox"/> Endocarditis | <input type="checkbox"/> Recent Bypass within the last year | |

LIST OF ALL MEDICATIONS AND DOSE:

Are you currently taking Coumadin, Plavix (blood thinners) or daily aspirin? YES NO (If yes, list below)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

MEDICATION ALLERGIES: _____

PREVIOUS SURGERIES: _____

DO YOU SEE A CARDIOLOGIST? YES NO Who? _____

REFERRING PHYSICIAN _____ PHONE _____

University Gastroenterology, PC
Patient Registration

PATIENT NUMBER _____

PATIENT INFORMATION

SOCIAL SECURITY # _____ MAILING ADDRESS _____

FIRST NAME _____ MIDDLE _____ CITY _____ STATE _____ ZIP _____

LAST NAME _____ HOME (_____) _____ WORK (_____) _____

SEX _____ DATE OF BIRTH _____ CELL (_____) _____

MARTIAL STATUS
 MARRIED SINGLE DIVORCED WIDOWED

FAMILY DOCTOR _____

EMPLOYMENT STATUS
 EMPLOYED RETIRED FULL TIME STUDENT OTHER EMPLOYER _____

NAME OF REFERRING PHYSICIAN _____

INSURANCE INFORMATION

PRIMARY INSURANCE _____ CARD HOLDER'S NAME _____

RELATIONSHIP _____ DOB _____ SOC. SEC. # _____

SECONDARY INSURANCE _____ CARD HOLDER'S NAME _____

RELATIONSHIP _____ DOB _____ SOC. SEC. # _____

EMERGENCY CONTACT

RELATIONSHIP _____ SEX _____

FIRST NAME _____ LAST NAME _____

HOME (_____) _____ WORK (_____) _____ CELL (_____) _____

CONTACT INFORMATION

PHARMACY _____ PHARMACY NUMBER (_____) _____

University Gastroenterology will leave **confidential messages** on your answering machine, with a family member or other individual answering the phone when you are not at home unless you indicate otherwise. We will safeguard your privacy by limiting the amount of information disclosed. For example, when calling your home we will only leave our name and number and other information necessary to confirm an appointment, or ask you call back.

Please contact me as follows:

HOME TELEPHONE (_____) _____

- OK to leave messages with healthcare information
 Leave message with call back number only.
 Do NOT leave messages

WORK TELEPHONE (_____) _____

- OK to leave messages with healthcare information.
 Leave message with call back number only.
 Do NOT leave messages
 Retired or not working

LIST NAME OF INDIVIDUALS YOU AUTHORIZE US TO SPEAK WITH REGARDING YOUR HEALTHCARE.

- None
 Spouse _____
 Child _____

- Other _____
 Other _____

If we are unable to reach you by any other means, we will send information through the U.S. Postal Service to your home address.

AUTHORIZATION TO RELEASE INFORMATION AND PAY BENEFITS TO PHYSICIAN: I hereby authorize the physician to release any information acquired in the course of my treatment necessary to process insurance claims. I also authorize payment directly to the Physician of the Surgical and/or Medical Benefits, if any, otherwise payable to me for his/her services as described, realizing I am responsible to pay non-covered services.

SIGNATURE (Patient or Parent if Minor)

DATE

University Gastroenterology, P.C.

Payment Policy

We are committed to providing you with quality and affordable healthcare. Please read the below and ask any questions you may have, and sign in the space provided.

- 1. Insurance Plans.** We are providers with Medicare, most Aetna plans, Beech Street, Blue Cross Blue Shield of Tennessee, Blue Care, Bowater, Cariten, Cariten Senior Health, Champus- military only, CIGNA, The Initial Group, Preferred Health Partnership (PHP), PHP TennCare, and United Healthcare. If you are insured by a plan we do business with but do not have an up-to-date insurance card, payment in full for each visit is required until we are provided with a current copy of your insurance information. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions that you may have regarding your coverage.
- 2. Co-payments.** All co-payments must be paid at the time of service. This arrangement is part of your contract with your insurance company. Please help us in upholding your agreement by paying your co-payment at each visit.
- 3. Referrals.** Many patients are now required to obtain referrals or authorizations from their primary care physician (PCP) before receiving treatment from a specialist. It is important that you obtain this from your PCP before coming in for your appointment. Our fax # is 865-305-6576.
- 4. Non-Covered Services.** Please be aware that some of the services you receive may not be covered or not considered reasonable or necessary by your insurance, even though your physician feels that it is necessary. Our office will file each visit with your insurance company. If they deem that something is not reasonable or necessary, we ask that you submit payment for that item.
- 5. Proof of Insurance.** All patients must complete our patient information form before seeing a physician. We will also ask that you complete this form once every year. We must obtain a copy of your current valid insurance card to provide proof of insurance. If you fail to provide us with the correct information in a timely manner, you may be responsible for the balance of a claim. If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. We will also need to have a copy of your new insurance card.
- 6. Claim Submission.** We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their requests. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you. If you have Medicare, we will bill you any moneys owed after we have received payment from Medicare and/or a secondary policy that you might have.
- 7. Non-payment.** If your account is over 90 days past due, you will receive a letter from our billing department. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency.
- 8. HIPPA.** A copy of the UPA Notice of Information Practices has been made available to me. I understand that this notice describes how my health information may be used or disclosed by UPA, physicians and other providers practicing at UPA facilities and that I should read it carefully. I am aware that the Notice may be changed at any time. I may obtain a revised copy of the notice by calling 865-670-6199, by visiting www.utmedicalcenter.org or by requesting one from the UPA office.

I have read and understand the payment policy and agree to abide by its guidelines:

Patient signature _____ Date _____

A copy of this can be provided to you upon request.

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Please read and sign in space provided below. A copy of this can be provided to you upon request.

We recognize the need for a definite understanding between the patient and the doctor concerning health care and the financial arrangements for this medical care. Our commitment is to provide the very best health care for our patients while recognizing the need to limit services to only those that are necessary for each patient.

Our fees reflect the time spent by the doctor with you, the patient, the specialized nature of the doctor's training, and the individual diagnostic studies performed. Our fees are comparable to other similarly trained specialists in the community.

If you are scheduling a screening colonoscopy, or find that you are in need of one in the future, please understand that the pre-certification we get from your insurance company is only a guideline that you can use. If our physician finds that you need a polyp removed during the procedure he will remove it. In this case, this will change your screening to a diagnostic procedure which could possibly cause your insurance company to pay less than originally stated. Of course, the fees for care during a specialized procedure or hospitalization may be paid on any mutually agreeable basis. Please contact your insurance company with any additional questions you might have concerning your procedure.

Please let us know if you are having any particular financial problem - you will find us understanding and patient.

I have read and understand the above.

Signature _____ **Date** _____

DIRECTIONS TO UNIVERSITY GI

Driving directions from either I-40 East or West: Take the 129 (Alcoa Highway) exit. Travel south on 129 approximately one mile to the UT Medical Center/Cherokee Trail exit. Follow the exit onto the Medical Center campus and follow the signs for Physician Office Buildings. We are located in building B, Suite 100.

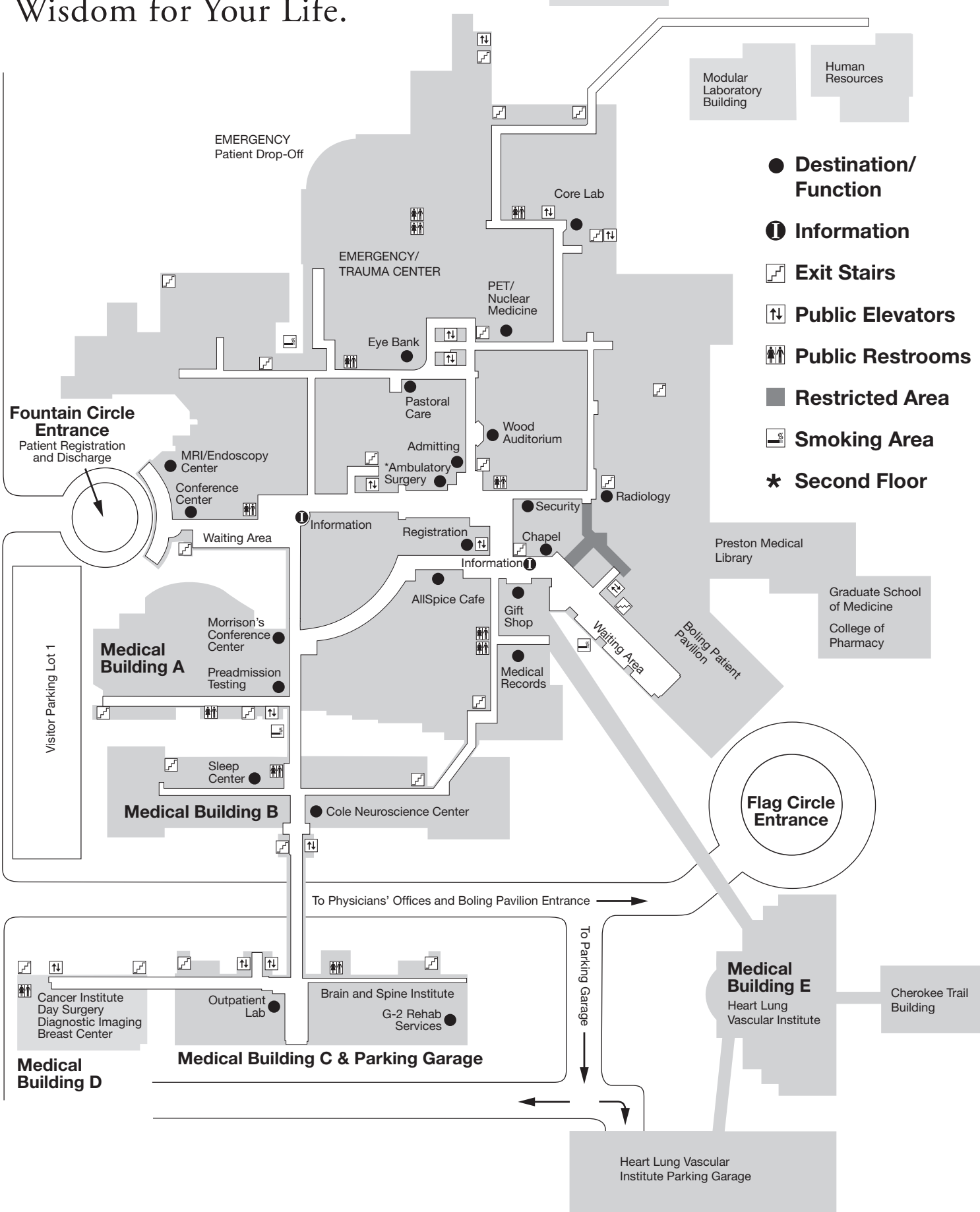
Driving directions from the airport: Take the Knoxville exit from the airport. This will take you to Alcoa Highway (north 129). Travel on Alcoa Highway (north 129) for approximately 10 miles and exit right at the Medical Center/Cherokee Trail exit. Follow the signs for Physician Office Buildings and we are located in building B, Suite 100.

Wisdom for Your Life.

To Emergency Department ↑

To Hospital and Emergency Department ↑

UT LIFESTAR



- Destination/Function
- ⓘ Information
- ☐ Exit Stairs
- ↑↓ Public Elevators
- ♿ Public Restrooms
- Restricted Area
- ☑ Smoking Area
- * Second Floor

Fountain Circle Entrance
Patient Registration and Discharge

Flag Circle Entrance

Medical Building D

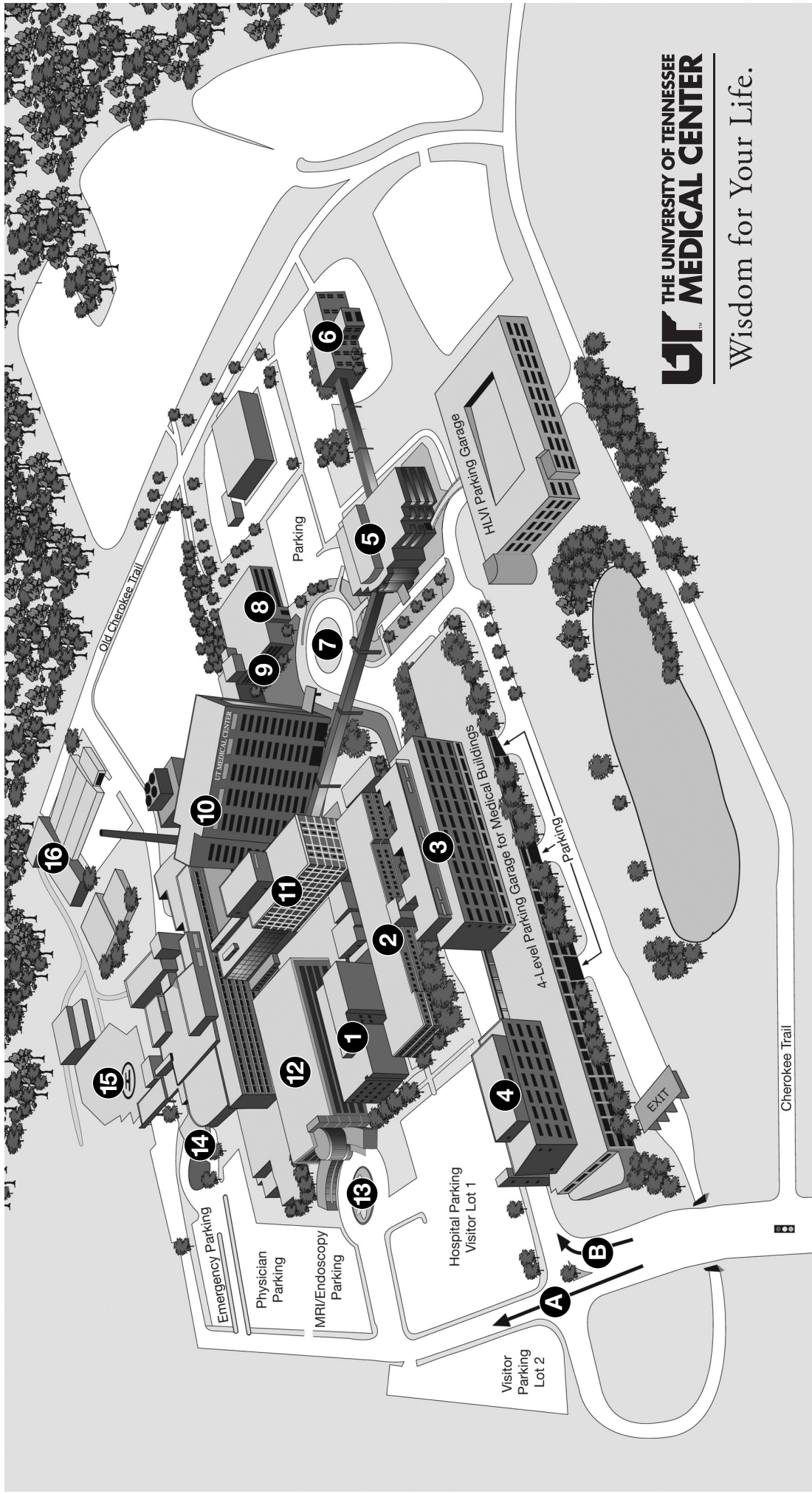
Medical Building C & Parking Garage

Medical Building E
Heart Lung Vascular Institute

Heart Lung Vascular Institute Parking Garage

To Physicians' Offices and Boling Pavilion Entrance →

To Parking Garage ↓



Route A: To Hospital, MRI, Emergency Dept and Fountain Circle

Route B: To Physician Offices and Flag Circle

1. Medical Building A
2. Medical Building B
3. Medical Building C

Brain and Spine Institute

4. Medical Building D
Cancer Institute

5. Medical Building E
Heart Lung Vascular Institute

6. Cherokee Trail Building
7. Flag Circle

8. UT College of Pharmacy

9. UT Graduate School of Medicine

10. Boling Patient Pavilion

11. South Pavilion

12. Heart Hospital

13. Fountain Circle

14. Emergency/Trauma

15. UT LIFESTAR

16. Human Resources



Wisdom for Your Life.

UT THE UNIVERSITY OF TENNESSEE
MEDICAL CENTER

EXPANDING THE FRONTIERS OF MEDICINE.™

**Search symptoms.
Make an appointment.
Get well.**



www.utmedicalcenter.org



The University of Tennessee Medical Center website makes it easy to find healthcare answers fast by offering its medical services, education, research and various healthcare resources all in one convenient site.

Besides helping you find the right doctor and services you need, the UT Medical Center website, www.utmedicalcenter.org, delivers healthcare information and resources directly from the professionals you trust.

Online visitors are able to do the following.

- Search Symptoms
- Find a Doctor
- Learn About Diseases and Conditions
- Make an Appointment
- Register for Public Classes and Events
- View More Than 140 Procedures
- Sign Up for FREE eNewsletters
- View UT Babies
- Send Gifts, Flowers and Cards
- Print Patient Instructions
- Browse Wellness Information
- View Available Medical Services
- Apply for Jobs

Visit www.utmedicalcenter.org and learn about healthcare issues and options available to you and your family.

To schedule an appointment today, visit www.utmedicalcenter.org or call toll-free 1-877 UT CARES (1-877-882-2737).