

Dear _____,

The physicians and staff of Cleveland Gastroenterology Associates, P.A. welcome you to our practice. Our mission is to provide excellent professional care to all patients and improve digestive health in our patients and members of the community. We look forward to serving you.

We have enclosed several important documents for you to review before your appointment.

PLEASE USE THIS CHECKLIST AS FOLLOWS:

- Bring **insurance cards** with you to each office visit. We will be glad to file your insurance. However, co-pays/deductibles are expected at the time services are rendered. If you are not covered by Health Insurance, payment is due when services are rendered.
- Fill out the Patient Information Sheets **completely** and bring them with you to your appointment. If you are unable to do so, please ask someone to help you as time does not permit our office staff to complete this for each patient. If forms are not filled out, it may be necessary to reschedule your appointment.
- Bring **all** medications you are currently taking.
- Due to allergies, please do not wear any cologne or perfumes.

NOTICE TO PATIENTS

The physicians of Cleveland Gastroenterology Associates, P.A. attend to patients and perform procedures at Cleveland Regional Medical Center and Cleveland Ambulatory Services every day and, therefore, are limited in time for office appointments. Patients are scheduled for the first available appointment time. Patient appointments often have to be scheduled for several days or weeks from the time they are requested. When an appointment is canceled with prior notice, patients who have been postponed until a later date can be rescheduled during that time. Appointments that are not kept or are canceled without adequate notice cause inconvenience to our patients and increase the cost of care for everyone. In order to continue to provide quality and efficient health care to our patients, it is necessary that our office now institute a cancellation policy. If you have an appointment and do not give a **24 hour notice** of cancellation, your account will be billed a "**Missed Appointment**" charge of \$25.

Your appointment date and time are listed below. If you have any questions, please feel free to call our office at 704-480-0008 between the hours of 8 a.m. and 5 p.m. Monday through Friday.

Appointment Date: _____ Appointment Time: _____

Karel F. Rybnicek, M.D.

Brian D. Smith, M.D.

Garth O. George, M.D.

Lavonia C. Womack, ANP-BC

Megan Lindsay, FNP-BC, WHCNP-BC