

TEXAS★ENDOSCOPY

2023 W. McDermott Drive, Suite 240 • Allen, TX 75013 • 972-781-1482 • Fax 972- 359-8402

Please bring the following when you check in at Texas Endoscopy:

1. Your Drivers License
2. Your Insurance Card
3. Method of Payment for your Procedure
(We accept Cash, Check, American Express, Discover, Visa and MasterCard)

Insurance Information

Texas Endoscopy will contact your insurance company to determine your benefit coverage for your procedure. Payment for ESTIMATED PATIENT RESPONSIBILITY is due at check in time for your procedure. We are not able to fully determine what your final charges will be until the procedure has been completed and your insurance company issues a final statement that reflects patient charges. Additional procedures may be required as a result of the findings of your initial procedure. This is determined by your physician during the procedure. This can increase the total number of billable procedures and can also increase the patient's charges, depending on your insurance plan. Please be prepared to be billed additional charges in this case. If you have recently met your insurance deductible, please present proof that your deductible has been recently paid.

Questions regarding your estimated patient payment responsibility?

Call Texas Endoscopy's Billing Department at (972) 473-9292, option #1

Questions regarding your procedure?

Texas Endoscopy's Nursing Assistance at (972) 781-1482, option # 3

Canceling & Rescheduling?

Please call your Physician's Office to request any changes for your appointment time or date at Texas Endoscopy

Transportation after your Procedure

All patients that receive sedation for their procedure are required to have a driver present at the time of admission. The Texas Department of State Health Services strictly prohibits the use of public transportation or allowing patients to drive after being discharged from their procedure.

Arrival Time and Facility Location

Please arrive at our facility exactly one 1 hour prior to your scheduled time. Texas Endoscopy is located at the Southeast corner of McDermott Drive and Custer Road.

Please complete the following Patient Medical History and Patient Profile Forms prior to your arrival. This will expedite your check in at Texas Endoscopy.

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Patient Demographics

| | | | |
|------------------------|------------------------|----------------------------------|-----|
| First Name | Middle Initial | Last Name | |
| Address | City | State | Zip |
| Home/Cell | Social Security Number | Date of Birth | |
| Employer/Address | Work Phone | | |
| Marital Status | Spouse Name | Referring Physician/Phone Number | |
| Emergency Contact Name | Phone Number | Relationship | |

Insurance Information – Primary

| | | | |
|-----------------------|-----------------------------|--------------------------|-----|
| Primary Insurance Co. | Telephone Number | | |
| Address | City | State | Zip |
| Policy/ID/Subscriber# | Group/Account# | Policy Holder Name | |
| Policy Holder SSN# | Policy Holder Date of Birth | Policy Holder Work Phone | |

Insurance Information – Secondary *(We file secondary insurance for Medicare/Tricare patients only)*

| | | | |
|-------------------------|-----------------------------|--------------------------|-----|
| Secondary Insurance Co. | Telephone Number | | |
| Address | City | State | Zip |
| Policy/ID/Subscriber# | Group/Account# | Policy Holder Name | |
| Policy Holder SSN# | Policy Holder Date of Birth | Policy Holder Work Phone | |

Signature

Patient and/or Legal Guardian's Signature

Date

Initial _____ Yes No

I received the following:

- Physician Financial Interest/Ownership Information
- Patient Rights and Responsibilities Information
- Durable Power of Attorney for Health Care Information

Initial _____ I currently have a Living Will and/or
Advanced Directive.