



Welcome to our practice. We appreciate the privilege to assist in your health care needs! We require an electronic check in process, you may log onto <https://www.myspringcharts.com/portal/myproctologist/html/index.html> or complete in office for your upcoming visit.

Please Note: you will be required to provide at each visit:

1. Medication list.
2. Family history.
3. Personal medical and surgery list
4. Review of systems.
5. Pharmacy address and telephone number
6. Insurance card(s).
7. Driver's license or state identification card.
8. Major credit card; this number will be placed into your protected file.

At the time of your visit, you may pay your estimated responsibility with a credit card of choice or by cash. You will be responsible for any applicable Deductible and/or Co-pay at the time of each visit (initial consultation estimated at \$400.00, procedures begin at \$600.00). If you have a remaining balance after your insurance carrier(s) have processed your claim, that amount will be charged directly to your credit card on file. Alternatively, if you have credit on your account that amount will be returned directly to the same card or by check. A confirmation of the transaction with an explanation will be provided to you.

Authorization Signature required for transaction:

_____ Date _____
Patient's Signature