

BLOUNT GASTROENTEROLOGY ASSOCIATES, PC
1706 E LAMAR ALEXANDER PKWY
MARYVILLE, TN 37804
PH: 865-983-0073 FAX: 865-984-1731

Dear Patient:

We are very happy to welcome you to our practice. Our office is focused on providing you with high quality care. We appreciate the chance to take care of you and your gastrointestinal needs.

Enclosed are forms that you will need to complete and bring with you the day of your appointment. Also please bring your insurance card(s) and a list of all medications (including over-the-counter) that you are currently taking. **If you do not have your insurance card(s) or letter from insurance providing their name, address to file claims and your Policy ID/Number you will not be seen.** If your insurance requires a referral to see a specialist please make sure your primary care physician has faxed that to our office or bring a copy of that referral with you. All insurance co-pays are due at the time of service. Private Pay patients are required to bring \$60 to their office visit (unless other arrangements have been made through our billing department).

Please arrive 15 minutes before your scheduled appointment to allow our staff sufficient time to process your paperwork. If you need to cancel or reschedule your appointment please give our office at least 48 hours notice. *No shows can result in a fee.*

If you have any questions please do not hesitate to contact our office during our normal office hours, Monday through Friday, 8:00am – 5:00pm.

Sincerely,

Blount Gastroenterology Associates, PC