

# GASTROENTEROLOGY CLINIC OF SAN ANTONIO, P.A.



Charles W. Randall, M.D.  
David L. Stump, M.D.  
Jorge Munoz, M.D.  
V. Franz Zurita, M.D.

Bassem W. Mazloun, M.D.  
Gary Gossen M.D.  
Russell Dean Havranek, M.D.  
Nicholas P. Martinez, M.D.

Dear Patient,

Your physician has referred you to our office for your medical condition. Enclosed you will find all the necessary information regarding your appointment. Call your PCP to obtain a referral authorization number if your insurance is an HMO. (If unsure what type of insurance you have, call your Primary Care Physician.)

## YOUR RESPONSIBILITIES:

Enclosed you will find all necessary forms that you will need to fill out and bring with you, which includes a Patient Medical History for, two types of Medical Records release forms and a HIPPA form.

1. If your insurance has changed, please contact the office immediately.
2. If you are unable to keep your appointment, it is **YOUR RESPONSIBILITY** to call our office and **RESCHEDULE or CANCEL.** You will be charged a **\$25.00 fee for Established patients** and a **\$75.00 fee for New patients/consult visit and for Returned Established patients (have not seen the doctor in 2 years)** if you do not notify our office **within 24 hours.**
3. Make sure you get to your appointment **20 minutes early to register,** please have your **current insurance card and a picture ID** available for copying.
4. Please bring **a detailed list of medications that you are currently on** to your appointment as well as any records that pertain to your GI symptoms.
5. **Failure to obtain medical records,** especially if you are a NEW PATIENT, CHANGING DOCTORS or having a SECOND OPINION, **may result in rescheduling of your appointment.**
6. To protect your child/children from exposure to illness, we **no longer allow children into the office.**