COLON AND RECTAL ASSOCIATES, LTD.

1235 Old York Road, Suite G 20 * Abington, PA 19001 * Tel: 215-517-1250 * FAX 215-517-0821 Joseph H. Nejman, M.D. Steven G. Harper, M.D. D. Mark Zebley, M.D. Steven A. Fassler, M.D. Soo Y. Kim, M.D. David G. McKeown, M.D.

Please bring the following items with you to your appointment:

FORMS ARE TO BE COMPLETED, SIGNED and DATED. FORMS MAY NOT BE ALTERED IN ANY WAY

- 1. 4 page information sheet filled out completely and signed making sure you list all of your medications both prescription and over-the-counter including dosages and directions. (We update this information quite frequently. Please complete these pages even if you have been seen by our doctors in the past.)
- 2. Photo ID (e.g.: Driver's License)
- 3. Insurance Cards (you will need to show them at every appointment)
- 4. Signed Patient Privacy Notice/Release of Medical and Billing Information
- 5. Signed Billing Policy Notice
- Copayment (typically listed on your insurance card for specialist, <u>copay is due the day of</u> <u>your appointment</u>). We accept (Cash, Debit Card, HAS Card, Money Order, Visa, MasterCard, Discover and American Express) for your convenience.
- 7. Credit Card to be put on file
- 8. Credit Card on File Authorization form
- 9. Patient Financial Responsibility Form

If your insurance requires a referral, please be sure to request one at least 72 hours prior to your appointment date. Please use NPI#: 1639124720

We have two office locations. Please refer to the enclosed appointment card for the address where you have been scheduled, and report to that address.

Please arrive 15 minutes prior to your appointment time to allow time for checkin. Otherwise, your appointment may be delayed.

You must bring Cash or Credit/Debit card to exit the parking garage. Our office does not validate/stamp parking tickets and we cannot offer parking discounts.

Thank you for your cooperation.