

Dr. Moscatello  
Dr. New  
Dr. Snyder



Dr. Florez  
Dr. Adelman  
Dr. Goodear

ELMS DIGESTIVE DISEASE SPECIALISTS ELMS ENDOSCOPY CENTER

2671 Elms Plantation Boulevard, Charleston, South Carolina 29406 - Phone: (843) 797-6800 - Fax: (843) 797-6825  
Medical Hours: Monday – Thursday 9 AM – 4:30 PM, Friday 9 AM – 12 Noon - ElmsDigestiveSC.com

ACCOUNT # \_\_\_\_\_ DOCTOR \_\_\_\_\_ (OFFICE USE)

PRIMARY CARE DOCTOR \_\_\_\_\_ REFERRING DOCTOR \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ MALE  FEMALE

MAILING ADDRESS \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTY \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

SSN \_\_\_\_\_ SINGLE  MARRIED  WIDOWED  OTHER

PLACE OF EMPLOYMENT \_\_\_\_\_ WORK PHONE \_\_\_\_\_

SPOUSE EMPLOYMENT \_\_\_\_\_ WORK PHONE \_\_\_\_\_

PRIMARY INSURANCE \_\_\_\_\_ PT. REL. TO INSURED: SELF  SPOUSE  CHILD  OTHER

INSURED NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

ID # \_\_\_\_\_ GROUP \_\_\_\_\_ CO-PAY \_\_\_\_\_

SECONDARY INSURANCE \_\_\_\_\_ PT. REL. TO INSURED: SELF  SPOUSE  CHILD  OTHER

INSURED NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

ID # \_\_\_\_\_ GROUP \_\_\_\_\_

PHARMACY \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE # \_\_\_\_\_ SECURITY PASSWORD (MOTHER'S MAIDEN NAME) \_\_\_\_\_

This office participates with many, but not all, insurance companies. It is the patient's responsibility to inform us of any insurance coverage. You are responsible at the time of service for any **Co-Payment** amount mandated by your insurance company. If you do not know you're **Co-Payment**, you will automatically be charged \$20.00 due at check out time. Our office will file your claims and await payment. Once your insurance company has responded to our claim, you will be billed for any balance due on your account. The ultimate responsibility is **YOURS** regarding payment of any balance due on your account.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_