



ELMS DIGESTIVE
DISEASE SPECIALISTS

ELMS ENDOSCOPY
CENTER

Dr. Adelman • Dr. Florez • Dr. Goodear • Dr. New • Dr. Snyder

2671 Elms Plantation Boulevard, Charleston, South Carolina 29406 • Phone: (843) 797-6800 • Fax: (843) 797-6825
Medical Hours: Monday - Thursday 8:30 AM - 4:30 PM, Friday 8:30 AM - 12 Noon • ElmsDigestive.com

ACCOUNT # _____ DOCTOR _____ (OFFICE USE)

PRIMARY CARE DOCTOR _____ REFERRING DOCTOR _____

NAME _____ MALE FEMALE

MAILING ADDRESS _____ BIRTH DATE _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____ E-MAIL ADDRESS _____

SSN _____ SINGLE MARRIED WIDOWED OTHER

PLACE OF EMPLOYMENT _____ WORK PHONE _____

SPOUSE EMPLOYMENT _____

PHARMACY _____ PHONE # _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMERGENCY CONTACT _____ RELATIONSHIP _____

PHONE # _____ SECURITY PASSWORD (YOUR MOTHER'S MAIDEN NAME) _____

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

INSURED NAME _____ BIRTH DATE _____

ID # _____ GROUP _____

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

INSURED NAME _____ BIRTH DATE _____

ID # _____ GROUP _____

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 your **Co-Payment**, you will automatically get 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 _____