



**Colon & Rectal Surgical Associates • Division of Surgical Specialists of New Jersey, LLC**

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Edwin Empaynado, M.D.   Robert Gardine, M.D.   Eytan Irwin, M.D.   Gary Siemons, M.D.

The Physicians of Colon & Rectal Surgery would like to welcome you and acquaint you with some of the policies of our practice.

**Before being seen by the Doctors:**

- You must show a valid insurance card(s) and picture ID at every visit.
- Please bring a script/note from your family physician stating the reason for your visit.
- If you have an insurance plan that requires a referral we will need that, without a referral you will be asked to reschedule your appointment as your insurance company will not cover services rendered without the required referral.
- Please be prepared to pay your co-pay (we accept cash, check, & credit cards) at the time of your visit. We cannot bill for co-pays.
- Self pay patients must pay for the visit at check in, unless other arrangements have been made with the billing department prior to your appointment.

**Medications:**

- Please bring a list of your current medications both prescription and over the counter. This list should include the name, dosage and how many times a day you take that medication.

**Late or missed appointments:**

- We realize there are times when things are unforeseen, please call the office as soon as possible if you are going to be late.
- If you do not give 24 hours notice of cancellation of an office appointment there will be a charge of \$25.
- If you do not give 24 hours notice of a cancellation of a surgery there will be a charge of \$100

**All Forms:** (Disability and Insurance and FMLA)

- Please complete your area
- Include the last day that you worked
- It takes up to 10 business days to be completed by the office
- You can pick them up or supply a stamped envelope and we will mail them
- There is a one time charge of \$10 for all forms with the exception of NJ State Disability

We would like to make your visit with us as pleasant as possible. Should you have any questions regarding your treatment, billing policies etc. please feel free to contact our staff who will be happy to help you with any concerns.

**Thank you for your cooperation**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date