



Missing Information Request

Date: _____

Dear Patient,

We have received your packet of information to schedule your **colonoscopy**. Unfortunately, there is some important information missing from your packet. This information is needed in order to proceed with scheduling your colonoscopy.

The following information is missing:

- Registration Form
- Patient Health History/GI Patient History
- HIPAA Form (signature needed)
- Disclosure of Interest in Referral Facilities or Clinical Laboratories Form (signature needed)
- Financial Policy (signature needed)
- Copy of Insurance ID card(s): Front Back
- Copy of ID
- Referral Form

Any documents missing a signature can be returned to us in the enclosed envelope. To expedite your paperwork, you may also fax the missing documents to 571-210-5002, **Attn: Direct Access Program**. Please note that we cannot begin the screening process for your procedure until all of your documents have been received by our office.

Once your completed paperwork has been received, your information will undergo an intake process that includes: patient registration, clinical screening, medical clearance, and procedure scheduling. Our procedure scheduling department will contact you to schedule your procedure once the screening process is complete. To ensure that we provide you with the highest level of care and quality, we ask that you please allow **two weeks** for all departments involved to complete this process and contact you regarding your procedure.

Thank you for your patience and cooperation.

Your Direct Access Program Team