

## ***GASTROENTEROLOGY ASSOCIATES OF ITHACA, P.C.***

MEDICAL OFFICE BUILDING  
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ITHACA, NEW YORK 14850

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Dear \_\_\_\_\_:

Thank you for making an appointment with Gastroenterology Associates of Ithaca, P.C. Enclosed you will find two forms; registration and a short medical history form. **Please complete the enclosed forms and bring them with you to your appointment. Patients are asked to bring all prescription and over the counter medications with them to their appointments to ensure accuracy in the documentation of medications being taken.** The physician or nurse practitioner will go over your history during your consultation appointment. Please bring any questions you might have, no question is too trivial.

We will need medical records from your regular physician if you have been referred to us for a specific reason, or, if you have had an on-going problem and have been treated elsewhere. Past records could be important for our provider to have so he/she can provide you, the patient, with the most professional and concise medical care. **If your insurance company requires you to get a referral from them to see us this needs to be done ahead of your appointment date.** If you are unsure as to whether we will require records or a referral call our receptionists at (607) 272-5011 and they will assist you.

In general, the major health plans we accept include:

- Blue Shield of Central NY (Excellus)
- Aetna Managed Choice
- Empire Plan (United Healthcare)
- Healthnow
- SIEBA
- Chickering (Cornell Student Health)
- Total Care & Family Health Plus
- RMSCO
- POMCO/UnyHealth
- Medicare and Medicaid
- Healthy NY Part A
- MVP (Cigna if MVP indicated on card)

***Reminder, please bring your insurance card with you at the time of your visit.***

**This list is not a guarantee of coverage by your insurance carrier, nor does it imply that we participate with all coverage policies sponsored by a particular insurance carrier. It is meant for general information purposes only.** Please contact your insurance carrier to verify our participation with your individual coverage plan.

Your appointment has been made with \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_.

In closing, we hope you have found the enclosed information beneficial and we look forward to serving your medical needs at Gastroenterology Associates of Ithaca. If you are unable to make this appointment, please call 607-272-5011 and let us know as soon in advance as possible.

Sincerely,  
Gastroenterology Associates of Ithaca

**\*\*See attached map for directions**