

SAN FRANCISCO GASTROENTEROLOGY

Frank J. Farrell, MD Cathleen N. Cabansag, MD
2186 GEARY BLVD STE. 320
SAN FRANCISCO, CA 94115
PHONE: (415) 749-6900 FAX: (415) 346-0161
SFGIMD.COM

Name: _____

Appointment Date: _____ Arrival Time: _____

We appreciate your confidence in our practice and would like to thank you for continuing your care with us!

Please complete the enclosed patient information packet as soon as possible and return the requested information back to our office via fax (415) 346-0161, or via postal mail to: 2186 Geary Boulevard Ste 320, San Francisco, CA 94115. If it is more convenient for you, you may e-mail this information to our office at contactus@doctorfarrell.com. **Please note that this e-mail address is a portal for patient packet information only. Please do not send any correspondence to this e-mail address.** If you have any questions or concerns regarding your pre-visit information, please call our office at 415-749-6900 and one of our staff members will be happy to assist you. You may also view our FAQ page at our website: www.sfgimd.com.

San Francisco Gastroenterology participates in several insurance plans. While our office can offer some guidance regarding insurance coverage, it is ultimately your responsibility to ensure that any tests, procedures, medication & professional referrals are covered by your insurance plan. If you have an HMO plan, please contact your Primary Care Physician's office for a referral.

Please be sure to bring your insurance card to your visit. Also, note that all co-pays are due at the time of your visit. Our office accepts cash, checks, Visa or MasterCard. We look forward to meeting you and taking care of your Gastroenterology needs.

The Staff of San Francisco Gastroenterology

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Please complete the following documents prior to submission to our office:

- Registration Form
- Patient Questionnaire
- HIPAA Consent Form
- Please include a clear copy of your **INSURANCE CARD (front & back).****
- Please contact your primary care physician and have their office fax any tests such as lab work, radiology tests (ultrasounds, CT scans etc.) that are relevant to your referral to our office.

NOTE: If you need to cancel or re-schedule your appointment, please contact our office at least 48 hours in advance.

Keep this informational sheet as a confirmation and reminder of your appointment with our office.