

**SUMMIT GASTROENTEROLOGY ASSOCIATES, INC.**  
3939 S. Cleveland Massillon Road  
Norton, Ohio 44203-5611  
Main Office: (330) 753-6643 Fax: (330) 237-1060

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*Dr. Ghulam Mir Dr. Shameem Ahmed Dr. Jeffrey Neher Dr. Manzoor Qadir Dr. Essam Quraishi*

**PLEASE READ THIS PRIOR TO COMPLETING ATTACHED FORMS**

You or your doctor recently contacted our office to schedule a "screening" colonoscopy. A screening colonoscopy means you have no symptoms relating to your digestive system. This test is being done for prevention purposes only.

Please complete the enclosed forms and follow the checklist to ensure you have supplied us with the information we need prior to your procedure. Once you have completed the forms please mail or fax to our secure fax line: (330) 753-3465 or, (330) 237-1060

**ALL FORMS MUST BE RECEIVED NO LATER  
THAN ONE WEEK PRIOR TO YOUR SCHEDULED  
APPOINTMENT BY MAIL OR FAX.**

\_\_\_\_\_ Sign and date our privacy practices. This form is required for your protection. It has a place for you to list your husband, children, father, mother, or anyone acting on your behalf. Please list their name and relationship to you.

\_\_\_\_\_ The patient information form should be signed and dated along with all requested information regarding name, address, date of birth, social security number and other information we require to complete your medical chart. By signing, you are giving us authorization to bill your insurance along with any documentation they might need to pay your claim.

\_\_\_\_\_ Copy of your medical insurance card. (front and back)

\_\_\_\_\_ Our waiver form explains to you our policy for routine/screening testing. Please read the policy and return the form signed and dated.

**Again, please make sure that you have covered all four areas above. If not completed and returned on time, your procedure may be re-scheduled.**