

**ALBANY GASTROENTEROLOGY CONSULTANTS, P.C.**

1375 Washington Avenue, Suite 101

Albany, New York 12206

518-438-4483

518-482-0090 (Fax)

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***THE FOLLOWING ARE HELPFUL GUIDELINES AND INFORMATION THAT WILL ALLOW US TO BETTER ASSIST YOU.***

**PRESCRIPTION REFILLS:**

Please let your physician know at the time of your appointment if you need any of your medications refilled. If you need a renewal for a current prescription, please call your pharmacy, local or mail away, and ask that they fax a renewal request to 518-482-4338. The request must be made at the pharmacy where the prescription is currently filled. If you prefer that your prescription be mailed to you or picked up at our office, please call the office at 518-533-1235 and leave a message stating this along with your first and last name with spelling, date of birth, telephone number where you can be reached, physician in our practice, name of medication, dosage, directions and quantity needed. Except for extreme emergencies, we require two (2) business days (Monday thru Friday) to process your prescription. If you have any questions, please leave a message and a staff member will return your call. Prescriptions will not be refilled during evening or weekend hours.

**LETTERS:** Please be specific in providing exact and detailed information when requesting a letter for work, insurance companies, etc. This will allow us to process your request accurately. Such letters normally require two (2) business days to process and can be picked up at our reception desk.

**RECORDS RELEASE:** This request must be made in writing, signed by the patient or legal guardian, and must have a return mailing address. It can be faxed to 518-438-4338, mailed or dropped off at our reception desk. All medical record requests will be mailed to the return address given within 7-10 days of our receiving this request. We reserve the right to charge a reasonable copy fee not to exceed .75 cents per page.

**TEST RESULT NOTIFICATION:** Test results - you will be notified either by mail or phone within 7-10 business days after your test. Please call if you do not hear from us after 10 business days. Abnormal test results will be called as soon as possible with further instructions if necessary.

**BILLING DEPARTMENT:** We require active referrals for all patients that are insured by a Managed Care Contract, including but not limited to: Blue Shield of Northeastern New York, CDPHP, MVP, Wellcare and GHI HMO Select. It is the patient's responsibility to obtain the required referral prior to each visit to ensure coverage of your visit by your HMO insurance. If a referral is not on file or not presented at the time of service, you will be required to sign a waiver for that day. Co-payments are required at the time of service. You are responsible for payment of all deductibles, co-insurance, and non-covered services. Patients without insurance are required to pay at the time of service unless prior arrangements have been made with the Billing Department.

**APPOINTMENTS:** Please arrive 15 minutes prior to your scheduled appointment time. We ask that you bring a detailed medication list, your insurance cards, and a referral if required on your initial visit. In addition, we ask that you bring a current medication list to all subsequent office appointments. You will receive a computer generated confirmation of your appointment or procedure 48 hours in advance. Please be advised that our office requires a minimum of 48 hours notice when canceling or rescheduling an office appointment or a procedure.

***WE WILL ALWAYS TRY TO ACCOMMODATE THE NEEDS AND REQUESTS OF OUR PATIENTS AS QUICKLY AS POSSIBLE. FOLLOWING THESE HELPFUL GUIDELINES WILL ALLOW US TO BETTER ASSIST YOU. PLEASE CONTACT US IMMEDIATELY IF YOU ARE HAVING A PROBLEM OR IF AN EMERGENCY SITUATION ARISES.***