Gastroenterology Center
OF CONNECTICUT, P.C.

Sophisticated medical care, close to home, in a warm and caring environment
www.gastrocenter.org

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No-Cost Screening Colonoscopy Request Form

Patient Information

Name ____

Date of Birth ____________________ **Date of Application**________________________

Address ____

NUMBER STREET CITY STATE ZIP

Telephone # _____________________ ___

Complete the Questions below:	**Yes**	**No**
Have you ever had a screening colonoscopy?	_____	_____
Do you have health insurance?	_____	_____

If yes, name of insurance company ____________________________________

Group # _______________________ Phone # ____________________________

If no, is this due to the loss of your job?________ Date of Termination_____________

Date last covered by insurance?____

All patients are subject to a prescreening interview to determine medical eligibility into the Endoscopy Center.

Please attach a copy of the termination letter from your insurance company.

As a result of the recent loss of my employment and health insurance, I do not currently have the financial resources to pay for a screening colonoscopy. I hereby request to be considered for the no-cost screening colonoscopy provided by Gastroenterology Center of Connecticut, PC.

I certify that the above information is true and accurate to the best of my knowledge. I understand that this application is made for Gastroenterology Center of Connecticut, PC to judge my eligibility for financial assistance. If financial assistance is approved, I understand that Gastroenterology Center of Connecticut, PC may verify any of the above information and I grant my permission for such verification and agree to assist in any way requested. If any information I have given proves to be unsupported, I understand that Gastroenterology Center of Connecticut, PC will re-evaluate my financial ability and the full amount of my bill may become due and payable.

________________________________ ___________________________

Patient Signature **Date**

Please fax this form to 203-287-2914 when completed