



JENNIFER KAUFMAN, ARNP^{PLLC}
LARSEN GASTROENTEROLOGY^{PLLC}
LIVER AND DIGESTIVE DISEASES

Thank you for scheduling an office appointment with Jennifer Kaufman ARNP / Larsen Gastroenterology
It is our pleasure to welcome you in advance of your visit.

Your appointment is scheduled _____ at _____

Please arrive 15 min prior, _____ to complete your check in.

Please bring your Insurance Cards and Photo ID. to your appointment so we can obtain copies and ensure any insurance is properly billed. Enclosed is paperwork to fill out and bring with you to your appointment, this includes your medical history and we will need it to carry out your appointment.

We will need to know all of your **Medications and Supplements** please provide a list at the time of your appointment. If you do not bring these items with you, **we may not be able to see you at your appointment.**

Check with your insurance prior to your appointment if you have questions about coverage. The patient is ultimately responsible for payment for treatment and care. We will bill your insurance for you. However, the patient is required to provide the most correct and updated information regarding insurance. Patients are responsible for payment of copays, coinsurance, deductibles and all other procedures or treatment not covered by their insurance plan. Copays are due at the time of service. Coinsurance, deductibles and non-covered items are due 30 days from receipt of billing. Patients may incur, and are responsible for payment of additional charges, if applicable.

We look forward to meeting you, **our office is located at 625 6th Street, Clarkston, Washington.** If you are unable to keep your appointment please call our office as soon as possible to reschedule at **509-758-2200.** As we have set aside this time in our schedule to see you, if you fail to make this appointment we may not be able to reschedule it or you may be charged a rescheduling fee.

If you have any questions please call us at **509-758-2200.**