



**SOUTHWEST  
GASTROENTEROLOGY  
ASSOCIATES, P.C.**

**Patient Evaluation  
Request/Referral Form**

7788 Jefferson NE, Albuquerque, NM 87109  
Phone: (505) 999-1600 Fax: (505) 999-1650 Web: southwestgi.com

Fax completed form with patients medical records to (505) 999-1650  
Call scheduling at (505) 999-1600 to arrange an appointment date and time

Dear Patient: Please call our office if you have not received a call within 3 business days

Appointment Date		Check in Time		
Patient's Name		Date of Birth	Soc. Sec. No.	
Address	City	State	Home Phone	Cell Phone
<b>Insurance Information</b>				
Primary	ID #	Group #		
Secondary	ID #	Group #		
Referral	Number of Visits	Expiration Date		
<b>Urgency</b> <input type="checkbox"/> 24-72 hours* <input type="checkbox"/> 1-2 weeks <input type="checkbox"/> 1-2 months <input type="checkbox"/> Colon Screening** * Referring MD must call a SWGA MD if appt needed within 72 hrs. ** Open Access Colon Screening (Pt. must meet all requirements: Healthy, No GI symptoms, 50-70 yrs old, <u>NO</u> History of Heart, Kidney, Lung, Liver Disease, Seizures, Anti-Coagulant use, Narcotic use, Etc.)				
Please <i>PRINT</i> chief symptoms or brief clinical history below				
_____ ICD9 # _____				
Referring Provider		PCP		
Referring Provider Signature (Optional)		Contact Person	Phone #	
<b>Insurances accepted include:</b>		<b>SWGA Physicians</b> Diplomats of the American Board of Internal Medicine in Gastroenterology		
AARP	Admar	Howard K. Gogel, MD	Michael K. Bay, MD	
Aetna	Blue Cross & Blue Shield	H. Naser Mojtahed, MD	Angelina Villas-Adams, MD	
CCN	Cigna – out of network	Gabrielle M. Adams, MD	George A. Holman, MD	
Coventry	Evercare	Andrew C. Mason, MD	L. Trent Taylor, MD	
First Health	GEHA	Antoine F. Jakiche, MD	Theresa M. Castlemain, CNP	
Humana	Lovelace	Nikki L. Parker-Ray, MD	Vicki L. Sontag, PA-C	
NM Medicaid	Medicare	Mitchal Schreiner, MD	Louise Crozier, CFNP	
Molina	Multiplan/PHCS			
PHS	Pres – out of network			
Railroad Medicare	Secure Horizons			
Self Pay	Tricare			
United Healthcare				

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