



CONSULTANTS IN  
GASTROENTEROLOGY

**MEDICAL STAFF**

March E. Seabrook MD FACG  
John W. Schaberg MD FACG  
Gene W. Stuart MD  
Rajeev Vasudeva MD FACG  
James A. Richter MD FACG  
Matthew N. Thoma MD FACG  
Erick R. Singh MD  
Joshua L. Wilson MD  
Nelson E. Seabrook MD

**WEST COLUMBIA**

131 Summerplace Drive  
West Columbia, SC 29169  
info@scgastro.com  
803.794.4585 (p)

**NORTHEAST**

11 Gateway Corners Park  
Columbia, SC 29203  
803.462.2300 (p)

**ST. ANDREWS**

7033 St. Andrews Rd Ste 304  
Columbia, SC 29212  
803.794.4585 (p)

**LEXINGTON**

811 W. Main St Ste 208  
Lexington, SC 29072  
803.794.4585 (p)

**One Patient Only per Fax**

**CENTRALIZED REFERRAL FAX # – 803.667.9126**

Include: Office notes, Insurance card(s), Labs/Radiology, Insurance authorization (if needed)

**Choose One:**

Diagnosis/Symptoms: \_\_\_\_\_

Routine Colon Cancer Screening - Z12.11 (*patient is having NO issues*) \_\_\_\_\_

**PATIENT INFORMATION**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: (required) \_\_\_\_\_

Female  Male Email: (preferred) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Does patient require a stretcher?  Yes  No

Does patient require an interpreter?  Yes  No Language: \_\_\_\_\_

**INSURANCE INFORMATION**

Primary: \_\_\_\_\_ ID #: \_\_\_\_\_

Secondary: \_\_\_\_\_ ID #: \_\_\_\_\_

**REFERRING PRACTICE INFORMATION**

Practice: \_\_\_\_\_

Location: \_\_\_\_\_

Physician: \_\_\_\_\_ NPI: \_\_\_\_\_

Referral Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext / Option \_\_\_\_\_ Fax: \_\_\_\_\_



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**As a specialist provider,  
we require authorization for the following insurances:**

**\*\*Authorization must be included with referral\*\***

- |                  |                |
|------------------|----------------|
| BCBS (AMK)       | UHC Gated HMO  |
| BlueChoice (ZCC) | UHC Nexusaco R |
| Tricare Prime    |                |

**Insurances we do NOT accept - (whether Primary or Secondary)**

**\*\*Cannot be self-pay\*\***

Advicare

Allwell

Blue Cross Blue Shield

JJD	MBY	BHG	NJG	VYC	XYZ
ZCI	ZCP	ZCQ	ZCT	ZOM	

BlueChoice Medicaid *aka Healthy Blue*

Breast & Cervical Cancer "Emergency Services" Medicaid

Humana Author

NHC Advantage SC ISNP

Prisma Premier

Pruitthealth Premier North Carolina

United Healthcare Secure Horizons

VIP Choice Plus

WellCare



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## Submitting Referrals to Consultants in Gastroenterology

- CIG is an independent specialist organization that specializes in the diagnosis and treatment of the digestive system: esophagus, stomach, intestines, gall bladder, pancreas and liver.
- CIG is not an urgent care or surgical facility (providers are on-call at area hospitals).
- We do NOT use Epic.
- We do not see patients under the age of 18.
- We do not participate in Financial Assistance or Indigent programs.
  - CIG Self-Pay Program (first office visit - \$107; follow up office visits - \$87)
- **A referral packet request should include:**
  - Referral Information Sheet
  - Copy of CURRENT insurance card(s)
  - Last (or relevant) office note
  - Relevant labs and/or radiology
  - Insurance authorization, if needed
- Referrals are received over a secure fax server and scheduled in the order they are received.
- Due to the very high volume of referrals, we request appointment status updates be submitted by fax 803-667-9126 or email [referrals@scgastro.com](mailto:referrals@scgastro.com)
- Requests for office notes should be submitted to Medical Records (phone 803-794-4585 ext. 163 or fax 803-796-8924)

#### Tips for speeding up referral process:

- Do not submit a referral for a patient established with another practice unless requested by patient.
- Do not submit multiple patients in one fax (one patient one fax at a time)
- Do not submit to multiple fax numbers – only to 803-667-9126
- Do not submit more than once.
- Do not submit an incomplete packet.