

### **Thank you for choosing Great Falls Hospital!**

We look forward to collaborating with your office to continue providing quality comprehensive patient care. To improve access to care and reduce wait times, the Great Falls Hospital Endoscopy Department would like to provide updated contact information and requirements for an endoscopy referral.

- **New phone number: (406) 771-3511**
- **New fax number: (406) 771-3273**

### **Endoscopy Referral Requirements:**

- Referral with ordering provider's office information, including phone and fax number. Clearly indicate what procedure(s) are being ordered. Include ICD-10 and CPT codes.
- Demographics sheet complete with insurance information and passport provider authorization if on Medicaid
- Current H&P
- EKG within 12 months if cardiovascular conditions and/or over the age of 75
- Written orders for management of anticoagulation and/or diabetic medications
- Copy of last colonoscopy/EGD with pathology results

**Please contact our office with any questions.**