



Digestive Health Associates of Reno

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Acct# _____

www.digestivehealthreno.com

TO BETTER SERVE YOU PLEASE CIRCLE WHICH APPLIES TO YOUR INSURANCE

DATE: _____

NAME: _____ DATE OF BIRTH: _____

PREFERRED HOSPITAL (Circle One)

- BANNER CHURCHILL
- BANNER LASSEN
- CARSON TAHOE
- NORTHERN NEVADA MEDICAL CENTER
- RENOWN
- RENOWN SOUTH MEADOW'S
- ST MARY'S
- TAHOE FOREST HOSPITAL
- OTHER _____

PREFERRED LAB (Circle One)

- BANNER CHURCHILL
- BANNER LASSEN
- CASH CLINICAL
- LABCORP
- NORTHERN NEVADA MEDICAL CENTER
- QUEST DIAGNOSTIC
- RENOWN LAB
- ST MARY'S HOSPITAL
- TAHOE FOREST HOSPITAL
- OTHER _____

PREFERRED RADIOLOGY (Circle One)

- BANNER CHURCHILL
- BANNER LASSEN
- GREAT BASIN IMAGING
- NORTHERN NEVADA MEDICAL CENTER
- RENO DIAGNOSTICS CENTER (RDC)
- RENOWN
- ST MARY'S
- TAHOE FOREST HOSPITAL
- OTHER _____

PREFERRED PHARMACY

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____