

PERMISSION FOR SHORT STAY ADMISSION

I know that I have a health problem or have decided to undergo an elective endoscopic procedure that requires a diagnostic and/or therapeutic treatment.

Therefore, I voluntarily consent to my short stay admission and treatment at the EndoCentre.

I am aware that my gastroenterologist may have part ownership interest in the EndoCentre. If I choose to go to another health care facility for this procedure, it will not adversely affect my relationship with my gastroenterologist.

ASSIGNMENT OF INSURANCE BENEFITS

I hereby authorize the EndoCentre to apply for health insurance benefits on my behalf for covered services provided to me during my period of short stay admission. I request payment from my insurance company(s) be made directly to the EndoCentre.

I certify that the information I reported with regard to my insurance coverage is correct and I further authorize the release of any medical information necessary to process insurance claims related to this short stay admission.

I understand that I may receive separate bills for the procedure, the lab (if specimens taken) and anesthesia.

I understand that my insurance carrier may pay less than the actual bill for service. I agree to be responsible for payment of all services rendered on my or my dependent's behalf. This authorization may be revoked by me at anytime in writing.

Signature of Patient

Date