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Texas Center For DIGESTIVE HEALTH

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ADVANCE BENEFICIARY NOTICE

Currently, many insurance companies will ONLY pay for services that it determines to be "reasonable and necessary". Therefore, certain SCREENING PROCEDURES are excluded from their program. Additionally, a **SCREENING COLONOSCOPY** is no longer considered screening when polyps are removed for pathology during your procedure. If your insurance covers SCREENING COLONOSCOPY at 100%, **the benefits may change from 100% coverage for screening to deductible and coinsurance when polyps are removed for pathology.**

I accept personal responsibility for payment of charges for services rendered to me by TEXAS CENTER FOR DIGESTIVE HEALTH.

I understand as a courtesy, the doctor's office does file insurance claims for hospital charges and special procedures. However, this does not alleviate my obligation to settle the account in full in the event my insurance company delays or denies the charges.

I acknowledge the above notice and will abide to it by signing below.

Patient Signature: (COMPLETED ON SIGNATURE PAGE)

PATHOLOGY LAB SERVICE AGREEMENT

Patient acknowledgement and agreement for payment of services rendered

I have been made aware that TEXAS CENTER FOR DIGESTIVE HEALTH may in the course of my endoscopic exam, perform biopsies and further, that those tissue samples may be processed (technical component) in the TEXAS CENTER FOR DIGESTIVE HEALTH office based lab. These services are independent of the actual endoscopic procedure and thus are billed and payable separately. These services will be billed to my health insurance provider and I am responsible for all remaining co-pay, coinsurance or deductible. I agree to make payment for these services within 30 (thirty) days upon receipt of statement, which is in accordance with standard billing policy.

I acknowledge the above notice and will abide to it by signing below.

Patient Signature: (COMPLETED ON SIGNATURE PAGE)