

Advanced Gastroenterology Associates
Atlantic Coast Gastroenterology Associates
Gastroenterologists of Ocean County
Middlesex Monmouth Gastroenterology
Monmouth Gastroenterology
Red Bank Gastroenterology Associates
Shore Gastroenterology Associates

## **Colonoscopy & Endoscopy Patients ONLY**

I understand that Allied Digestive Health's bills are for ADH physicians ONLY: In addition, I may be responsible for, and receive a separate bill (when applicable) from:

- 1. The Hospital or Endoscopy Center for any facility fees.
- 2. The Laboratory / Pathologist for any tissue/biopsy testing.
- 3. The Anesthesiologist for provision of any anesthesia.

urther understand that the final determination of whether an exam is considered "screening" or iagnostic" cannot be made until the results are complete. I have received and understand a copy of colonoscopy: Screening, Surveillance or Diagnostic. I acknowledge that the physician's determinational and will not be changed for the purpose of reconsideration / overturning of insurance decisions.	
Signature of Patient or Guardian	Today's Date
For Medicare Patients Requiring Advar	nced Beneficiary Notice (ABN) ONLY
understand that Medicare may not cover this service. eneficiary Notice of Non-Covered Service (ABN) whice covered by Medicare.	. I have been given a <u>Medicare Advanced</u>
Signature of Patient or Guardian	 Today's Date