

**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.

I further understand that the final determination of whether an exam is considered "screening" or "diagnostic" 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 determination is final and will not be changed for the purpose of reconsideration / overturning of insurance decisions.

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Signature of Patient or Guardian

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Today's Date

**For Medicare Patients Requiring Advanced Beneficiary Notice (ABN) ONLY**

I understand that Medicare may not cover this service. I have been given a Medicare Advanced Beneficiary Notice of Non-Covered Service (ABN) which explains my options for procedures that may not be covered by Medicare.

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Signature of Patient or Guardian

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Today's Date