



1505 N. Swan, Tucson, AZ 85712 (5200 795-3090 Fax (5200 795-3537 www.swangastro.com

CONSENT FOR TREATMENT:

I consent to treatment by my primary Swan Gastro & Surgery Center. I am aware if my primary physician is unavailable, I will be treated by another physician providing coverage for the Swan Gastro & Surgery Center physicians.

Signature of Patient/Responsible Party

Date

PAYMENT POLICIES/INSURANCE/INSURANCE RELEASE:

It is my responsibility to pay the doctor for his services. My co-payment is due when services are rendered. I understand this office will file insurance for all Medicare services, all contracted insurance carriers and all surgical services. I authorize release of medical information for my insurance claims or legal purposes and authorize payment of insurance benefits to Swan Gastro & Surgery Center. I authorize my physician at to obtain my Swan Gastro & Surgery Center medical records and lab results from other facilities I have visited, as they deem necessary. I understand that I am personally responsible for referrals from my PCP and all charges not covered by insurance. If collection proceedings are required, I agree to pay all collection and legal fees incurred by Swan Gastro & Surgery Center.

Signature of Patient/Responsible Party

Date