

**Abilene Endoscopy Center
1249 Ambler, Suite 100
Abilene, TX 79601-2311**

Anesthesia Services Offered at Abilene Endoscopy Center

Abilene Endoscopy Center is now offering state of the art advanced anesthesia services to its patients. Propofol is an IV drug administered by a Certified Registered Nurse Anesthetist (CRNA), who is highly trained and specialized to safely administer your sedation. Propofol has distinct advantages over other medications in that it generally produces a much deeper level of sedation, ensuring that you will be asleep and comfortable during the procedure, yet allowing you to wake up and recover much faster after the procedure is completed. The CRNA will carefully deliver medications while monitoring your vital signs (pulse, blood pressure, respiratory rate, EKG rhythm strip, and pulse oximetry) during your procedure. Based upon your medical history and condition, your physician, nurse practitioner, or physician assistant will recommend that you have either Propofol administered by a CRNA or alternative forms of IV conscious sedation. Please note that charge for anesthesia services (CRNA) are separate from and in addition to routine charges for endoscopic services rendered by your physician, the surgery center, and pathology charges (biopsies, if taken). These charges are generally covered by your health insurance policy. In the event that your insurance will not cover anesthesia (CRNA) administered Propofol IV sedation for your endoscopic procedure, alternative self payment arrangements for this important services can be made with Abilene Endoscopy Center.

_____ **(Initial Here)** I agree to receive anesthesia services, as recommended by my physician / nurse practitioner / physician assistant, CRNA administered IV Propofol, and I acknowledge that my insurance will be billed and I will be responsible for payment of any deductibles and co-insurance.

Non Coverage of anesthesia for services provided

_____ **(Initial Here)** I am aware that my insurance company may not cover this service and I acknowledge that I will be billed the following fees if my insurance company denies payment. **\$250 flat fee for anesthesia services will be billed to the patient.**

Patient Signature

Date

Print Name