

DIGESTIVE MEDICINE ASSOCIATES

PATIENT FINANCIAL CONSENT

Deductibles may be applied either to Digestive Medicine Associates (physician practice), The Palmetto Surgery Center, Gulfstream Anesthesia Group, or Digestive Medicine Histology Lab creating an overpayment.

I, _____ authorize Digestive Medicine Associates (physician practice), The Palmetto Surgery Center, Gulfstream Anesthesia Group, or Digestive Medicine Histology Lab to reimburse each other directly if my deductible has not been met at either facility.

Patient's Signature

Date

CONSENTIMIENTO FINANCIERO DEL PACIENTE

Deducibles pueden ser aplicados a Digestive Medicine Associates (practica de medico), The Palmetto Surgery Center, Gulfstream Anesthesia Group, o Digestive Medicine Histology Lab creando un sobrepago.

Yo, _____ autorizo a Digestive Medicine Associates (practica de medico), The Palmetto Surgery Center, Gulfstream Anesthesia Group, o Digestive Medicine Histology Lab reembolsarse mutuamente si mi deducible no hubiera sido cubierto en una de las facilidades.

Firma del Paciente

Fecha