

Salt Lake Endoscopy Center

**PLEASE READ THE FOLLOWING STATEMENTS
CAREFULLY BEFORE SIGNING:**

The Salt Lake Endoscopy Center is a freestanding outpatient surgical center designed specifically for the endoscopic procedures. This Center is jointly owned by Dr. Stewart L. Ellington and Dr. Kenneth N. Buchi

Utah State Law requires that if a patient is referred to a facility also owned by the providing physician, he/she must be informed of said information. Please sign and date this form below documenting that you have been given this information.

You will receive **TWO BILLS:** one from your physician and one from Salt Lake Endoscopy Center. There may be additional charges for biopsies and/or laboratory work, which will be billed to you separately from the pathology department in which it was sent.

1. I agree that I am responsible for this debt regardless of my insurance and that I will pay any unpaid balance in full within 60 days of the date of service.
2. I authorize payment of medical benefits from my insurance company to the provider for the services described on any claim form.
3. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits to the party who accepts assignment.
4. In the event that my account is not paid and is sent to a collection agency, I agree to pay a collection fee that incurs as well as my unpaid balance.
5. In the event that it is necessary to commence legal action to collect this bill, I agree to pay reasonable attorney fees and court costs.

SIGNATURE: _____

WITNESS: _____

DATE: _____