

CONSENT TO TREATMENT

1. I hereby voluntarily consent to receiving medical services at Regional GI (RGI) including such diagnostic and therapeutic procedures, examinations, and medical treatment as deemed necessary or advisable by my provider(s) or mid-level practitioner(s).
2. I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantees have been made to me regarding the result of my treatment or examination. I am aware that I may refuse any drugs, treatments, and/or procedures offered to me.
3. I take full responsibility for any possessions, cash or articles that I retain while a patient.
4. I authorize Regional GI (RGI) to release my medical information to other care providers involved in my treatment.

PAYMENT AND COLLECTION

5. I hereby assign and grant to Regional GI (RGI) all rights and interests to which I may be entitled under any insurance policy, Medicare or any other fund or third party payment plan responsible for payment of my benefits. I authorize payment of any such benefits directly to Regional GI (RGI).
6. I acknowledge that if a check in payment of the insurance benefits is sent by my insurance company to me, either in error or because of insurance company policy, I agree to endorse and deliver the check to Regional GI (RGI). I understand that by virtue of the assignment described in this Consent, any funds I receive belong to Regional GI (RGI) and that it is UNLAWFUL to use or apply the funds in any other way. In the event the insurance company check is more than the outstanding bill, satisfactory arrangements can be made between Regional GI (RGI) and the undersigned.
7. I agree that I am responsible for payment of Regional GI's (RGI) established charges currently in effect to the extent that said charges are not covered, allowed or paid by my insurance company, Medicare, or any other funds or third party payer and I may be asked to pay such fees at the time of my visit. I understand that I will not be responsible for the payment of any of those charges that Regional GI (RGI) is restricted from collecting by law or agreement.
8. I agree, in order for Regional GI (RGI) to service my account or to collect monies I may owe, Regional GI (RGI), and/or their agents may contact me by telephone at any telephone number associated with my account, including wireless telephone numbers, which could result in charges to myself. RGI may also contact me by sending text messages or emails, using any email address that I provide to use. Methods of contact may include using prerecorded/artificial voices messages and/or use of automatic dialing device, as applicable. I/We have read this disclosure and agree that RGI, its employees and/or agents may contact me/us as described above.

Initials:

9. I hereby authorize RGI to release all information, including all or any part of my medical records, to my insurance company, employer (Worker's Compensation only), Medicare, or any other fund or third party payer which may be responsible for payment of benefits.

Signature of Patient or Responsible Person* / Date

Witness / Date

*** If signed by Responsible Person, complete one of the following:**

- a) Patient is unable to consent because he/she is a minor, years of age.
- b) Patient is unable to consent because