

## **DIGESTIVE SPECIALISTS, P.A.**

Lynn R. Copeland, MD, FACP, FACG ~ Abraham Winkelstein, MD, MS, FACP, FACG  
~Anna M. Gonzales, MD ~ A. Tarkan Dural, MD, FACG ~  
Edward S. Xavier, MD~ Vanitha Bala, MD

*Riverstone at Vision Park – 111 Vision Park Blvd., Suite 150, the Woodlands, Texas, 77384*  
**Office: (936) 321-0033 Fax: (936) 321-0032**

### **CONSENT FOR RELEASE OF INFORMATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS**

I, the patient, hereby authorize Digestive Specialists, P.A. to use and/or disclose my health information which specifically identifies me or which can reasonably be used to identify me to carry out my treatment, payment and health care operations. I understand that while this consent is voluntary, if I refuse to sign this consent, health care providers employed by Digestive Specialists, P.A. can refuse to treat me.

I have been informed that Digestive Specialists, P.A., has prepared a notice (“Notice”) which more fully describes the uses and disclosures that can be made of my individually identifiable health information for treatment, payment and health care operations. I understand that I have the right to review such Notice prior to signing the consent.

I understand that I may revoke this consent at any time by notifying Digestive Specialists, P.A., in writing, but if I revoke my consent, such revocation will not affect any actions that Digestive Specialists, P.A., took before receiving my revocation.

I understand that Digestive Specialists, P.A., has reserved the right to change his/her privacy practices and that I can obtain such changed notice upon request.

I understand that I have the right to request that Digestive Specialists, P.A., restricts how my individually identifiable health information is used and/or disclosed to carry out treatment, payment or health operations. I understand that Digestive Specialists, P.A., does not have to agree to such restrictions, but that once such restrictions are agreed to, Digestive Specialists, P.A., must adhere to such restrictions.

## **STATEMENT OF RESPONSIBILITY, ASSIGNMENT OF MEDICAL BENEFITS AND AUTHORIZATION FOR RELEASE OF INFORMATION**

We are dedicated to providing you with the best possible care and service, and regard your understanding of our financial policies as an essential element of your care and treatment. To assist you, we have the following financial policies. If you have any questions, please feel free to discuss them with our staff.

Unless other arrangements have been made in advance, full payment is due at the time of service. For your convenience we accept VISA, Discover, MasterCard and American Express.

For all services rendered to minor patients, the adult accompanying the patient is responsible for payment.

To reduce the volume of statements and help control our billing costs we ask that you provide a credit card number for our files to be used for your portion of procedure charges. The credit card will not be processed until an explanation of benefits and payment is received from your insurance carrier. We prefer that our patients NOT leave a debit card for this purpose and assume no responsibility for any overdrafts that may occur.

I understand that if any unpaid portion of my personal balance becomes sixty (60) days delinquent and further collection efforts are necessary, I agree to pay all costs and attorney's fees incurred by Digestive Specialists, PA in said collection efforts.

I understand and accept this policy. I hereby assign all medical and/or surgical benefits to include major medical benefits to which I am entitled. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as the original. I hereby authorize the release to Digestive Specialists, PA, any medical information necessary to process any claim or appeal on my behalf.

### **Additional Charges Associated with Your Procedure:**

**In order to provide a safe and comfortable experience your outpatient procedure requires a team of dedicated professionals. In addition to the professional fee charged by Digestive Specialists, P.A., you and/or your insurance carrier will incur charges from the facility, the anesthesia provider and the pathology company. Please direct any questions regarding their fees for services to the appropriate office at the numbers below. They are not a part of our billing services. Therefore, you will need to contact them to make sure they are a part of your network and for any other questions regarding estimated amounts, etc.**

**We are required to inform you in advance that Dr. Lynn Copeland, Dr. Abraham Winkelstein, Dr. Anna M. Gonzales, Dr. A. Tarkan Dural and Dr. Edward Xavier have a financial interest in Woodlands Endoscopy Center.**

- **Woodlands Endoscopy Center (facility)- (936)321-8910**
  - **Woodlands Anesthesia Group- (936)321-8910**
  - **Ameripath (Technical Pathology)- (800)830-6220**
  - **Digestive Specialists, PA (Pathology Interpretation)- (936) 321-0033**
- **Memorial Hermann-The Woodlands- (281)364-2300**
  - **Anesthesia and Pathology also call Memorial Hermann**
- **Houston Northwest Hospital (281)440-1000**
  - **Anesthesia and Pathology also call Houston Northwest**
- **St Luke's Hospital- (936)266-2000**
  - **Anesthesia and Pathology also call St Luke's**