

SCOTTSDALE ENDOSCOPY CENTER
9787 N. 91ST STREET, SUITE 103
SCOTTSDALE, AZ 85258
PHONE: 480-657-0889 FAX: 480-657-9277

FINANCIAL POLICY

You will receive a bill from each service listed below. This is an explanation of charges.

- Scottsdale Endoscopy Center's fee covers the cost of providing the technicians, nurses, equipment, and supplies involved in the performance of your services. For Scottsdale Endoscopy Center billing questions, please call MEDSTAT at **480-985-1093**.
- For anesthesia services, you will receive two bills: one from Grand Canyon Anesthesia and another from Scottsdale Anesthesia Associates. For anesthesia billing questions, please call **602-343-2900**.
- The physician's professional service fee is for providing the endoscopy procedure, supervising, interpreting, and consulting with you and your referring physician.
- All biopsies and tissue samples taken during your procedure will be sent to either Miraca Life Sciences, Sonora Quest, or Arizona Digestive Health Pathology.
- Scottsdale Endoscopy Center is a physician owned facility whose owners are Daniel Meline MD, and John Yalam MD.

Our billing service will assist in filing with your insurance, but you, the patient, are responsible for your medical bill. Authorizations and pre-certifications are the responsibility of your physician's office. Any financial concerns should be handled prior to your procedure.

I authorize the release of any medical or other information acquired in the course of my treatment(s) to my insurance company. Additionally, I authorize all insurance payments to be made directly to Scottsdale Endoscopy Center for all medical care rendered. I understand that I am responsible for any and all balances owed, regardless of insurance.

Patient/Responsible Adult Signature: _____ **Date:** _____

ADVANCED DIRECTIVES (Please check one option)

- I have a Living Will Copy is provided Copy is **not** provided
 - Contains** a DNR ("Do Not Resuscitate") order that will be discussed with my GI doctor prior to the procedure
 - Does not contain** a DNR order
- I have a Medical Power of Attorney. Designee is (if available): _____
- I have designated a "surrogate" agent. Name of agent: _____
- I have neither a Living Will nor a Medical Power of Attorney.
 - I **do not** wish to receive any information regarding Advanced Directives at this time.
 - I would like to receive more information regarding Advanced Directives.

If a copy of the patient's Advance Directions is provided, it will be kept in the patient's chart. If the patient does not have an Advanced Directive, information about life care planning is available from the Arizona Attorney General's Office. Forms are included on their website. Visit www.azag.gov for more information.

Who may receive information regarding your Protected Health Information? (Check all that apply.)

- Spouse – Name & Birthdate _____
- Children - Name & Birthdate _____
- Significant Other/Friend – Name & Birthdate _____

Patient/Responsible Adult Signature: _____ **Date:** _____

Print Patient's Name: _____

Witness: _____ Date: _____

