



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 Signature

Date

CONSENTIMIENTO FINANCIERO DEL PACIENTE

Los deducibles se pueden aplicar ya sea a Digestive Medicine Associates (consultorio médico), The Palmetto Surgery Center, Gulfstream Anesthesia Group o Digestive Medicine Histology Lab, creando un sobrepago.

Yo, _____ autorizo a Digestive Medicine Associates (práctica médica), The Palmetto Surgery Center, Gulfstream Anesthesia Group o Digestive Medicine Histology Lab a reembolsarme directamente si mi deducible no se ha cumplido en ninguna instalación.

Firma del Paciente

Fecha