

Athens Gastroenterology, PA

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115 S Murchison St

Athens, TX 75751

903-677-3737

Athens Gastroenterology, PA strives to schedule patients in a timely manner. In order to do so, once an appointment is established for you, it is important that you keep that appointment.

If you are unable to keep that appointment or need to reschedule the appointment, please contact our office at least **24 hours prior** to your scheduled appointment.

If **24 hour notice** is not given, a **\$25.00 No Show fee** for office visit appointments & procedure appointments will be assessed to your account.

If you have more than 1 NO SHOW or more than 2 Cancelled Appointments, a \$25 deposit may be required to schedule future appointments.

These fees are not billable to your insurance and will be an out-of-pocket expense to you.

By signing below, you understand and agree to the Cancellation and No Show Policy of Athens Gastroenterology, PA.

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Patient Name (Printed)

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Patient Signature

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Date

I hereby grant permission to Athens Gastroenterology to employ such medical, lab, and x-ray procedures as considered necessary in my diagnosis and treatment. I authorize the holder of medical or other information to release, to my insurance carrier, government agency, or its intermediary, any information needed for this or any related insurance claim. I further permit a copy of this authorization to be used in place of the original. I authorize payment of medical benefits to the physician for services rendered. If you have a secondary Medicaid policy, you need to make sure that your primary knows you have it and that it crosses over, we do not file secondary Medicaid. I understand that I am financially responsible for the charges regardless of insurance coverage and/or payment.

Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

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Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

