



**SOUTHWEST GASTROENTEROLOGY
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Diplomates of the American Board of Internal Medicine in Gastroenterology

SEDATION CONSENT

I _____ DOB: _____
have been advised by Southwest Gastroenterology Associates, P.C. that I will be receiving sedation for
my procedure on _____, at _____ with Dr. _____.

I have also been advised that I will not be able to operate a vehicle on the day of the procedure, and
will therefore be responsible for obtaining a driver. I understand that a taxi or public transportation is not
allowed. I am fully aware that it may be necessary to reschedule my procedure, should I not make
arrangements for someone to drive me home.

If you have advance directives please notify the hospital where your procedure will be performed.

You can expect to incur charges from four sources:

- *Physician professional fee – Through our office (Southwest Gastroenterology)*
- *Hospital or **Ambulatory Surgery Center** fee (Southwest Endoscopy). Where the procedure is performed.*
- *Anesthesia Fee – If monitored anesthesia is provided (Southwest Gastroenterology)*
- *Pathology – Through the lab used to examine biopsy specimens, if any are obtained.*

We are happy to bill your insurance company for you. However, our agreement is with you, not your
insurance company. You will be held financially responsible for balances that your insurance company
does not pay. The **ASC** will collect your estimated portion in full on the day of the procedure, unless
prior payment arrangements have been made with the facility. An estimate/quote of benefits from your
insurance company does not guarantee payment from your insurance company.

If you are having a colonoscopy, please be advised not all colonoscopies are considered
screening/preventative. If you have personal or family history, these are considered surveillance and
are often not considered under the screening /preventative benefit by many insurance companies. If
you have any questions regarding your coverage, please contact your insurance company. Your
signature on this form acknowledges receipt of this information.

Signature _____

Date _____

Witness _____

Date _____

Please sign and return white copy to our office. Please keep yellow copy for your records. Thank you.