



Acknowledgment of Receipt of Notice

I acknowledge that I have received, read, and understood the following notices:

- Assignment of Benefits and Billing Authorization
- General Consent of Care and Treatment
- Patient Financial Policy
- Authorization to Discuss Medical and Financial Information
- SWGA Office Policies

I understand that I can obtain these notices on SWGA’s website (www.southwestgi.com) and on the patient portal. Please ask the front desk receptionist if you require a paper copy.

If you have questions regarding these notices, please contact our office at 505-999-1600.

Patient First Name (Print)

Patient Last Name (Print)

Patient Signature

Date

Guardian First Name (Print)

Guardian Last Name (Print)

Guardian Signature

Date

Office Use Only

I attempted to obtain the patient's signature in acknowledgment of these Practices but could not do so, as documented below.

Date:

Initials:

Reason: