

**NOTICE OF FINANCIAL RESPONSIBILITY**  
**FOR ANESTHESIA SERVICE(S)**

**Patient Name:** \_\_\_\_\_

Depending upon the guidelines and/or any possible limitations of your insurance plan, you may not be covered for anesthesia services attending your gastroenterology procedure. Your plan may deem attendance by a physician-anesthesiologist to be an uncovered procedure. It is the opinion of your gastroenterology physician that such a potential policy or decision of your insurance company should not prevent you from being provided with anesthesia services for your gastroenterology procedure.

You may wish to contact your insurance carrier in order to determine whether or not you are covered for anesthesia attendance and any potential personal financial liability you may incur if you are not fully covered. As a courtesy, our anesthesia billing office will submit a claim to your insurance company. Nevertheless, submission of such a claim in no way waives or relieves you of your responsibility to pay the anesthesiology-physician should your company decide anesthesia services are not covered.

Signed forms should be faxed to: 650-934-7574; Attention GI Scheduler

In signing this Notice of Financial Responsibility for Anesthesia Service(s), you hereby acknowledge that you are responsible for any unpaid amount due the anesthesiologist who provides these services for your gastroenterology procedure.

\_\_\_\_\_  
Signature of Patient or Legal Representative of Patient

\_\_\_\_\_  
Date

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