

Patient Signature on File for Medicare claims and/or any other insurance

Assignment of Benefits: Please remember that insurance is considered a method of reimbursing the patient for fees paid to the doctor and is not a substitute for payment. Some companies pay fixed allowance for certain procedures, and others pay a percentage of the charge. It is your responsibility to pay any deductible, co-insurance or any other balance not paid by insurance.

To the extent necessary to determine liability for payment and to obtain reimbursement, I authorize disclosure of portions of my medical record.

I hereby assign all medical and/or surgical benefits to which I am entitled including Medicare, Medigap, private insurance and other health plans to Eau Claire GI Associates, SC. This assignment will remain in effect until it is revoked by me in writing. I understand that I am financially responsible for all charges whether or not paid by said insurance. I hereby authorize said assignee to release all information necessary to secure the payment.

Authorization for Treatment and Notice of Physician Ownership

I consent to all clinic services including medical care, diagnostic tests and procedures.

I have been made aware that Dr Ruh has ownership interest in Oakleaf Surgical Hospital, a federally recognized "physician owned" specialty hospital. I have been made aware that there are alternative health care facilities available to me to receive medical treatment and/or services.

Missed Appointments

I have been made aware that Eau Claire GI Associates, SC has a policy for missed appointments (no-shows). I understand that if I miss multiple appointments without proper notice of cancellation, I may be assessed a fee of \$25.00 (not payable by insurance) and may not be able to book future appointments.

Signed: _____ Date: _____

