HEALTH CENTER OF ST. LOUIS

456 North New Ballas Road, Suite 154
Creve Coeur, MO 63141

Phone: 314-966-7570 Fax: 314-966-7788

PATIENT'S ACKNOWLEDGEMENT OF RESPONSIBILITIES

I, ____________________________, acknowledge and understand that, as a patient of Colon Rectal Health Center, Dr. Steven Abbadessa, and their professional staff (hereinafter "Colon Rectal Health Center"), I am responsible for the following:

1. To provide Colon Rectal Health Center with the information needed in order for me to receive the care and treatment that I need.

2. To follow the instructions and guidelines provided to me by Colon Rectal Health Center.

3. To pay my share of fees or co-payments at the time services are rendered.

4. To provide Colon Rectal Health Center with current and accurate information regarding my insurance coverage.

5. To ensure that any laboratory tests or any other outside tests are performed by a provider that is approved by your insurance company (Consult the Member Service Department of your insurance company in order to verify the approval).

6. To keep all scheduled appointments and to provide at least 48 hours advance notice before canceling a colonoscopy or a surgery in order to avoid a late cancellation charge of $100.00. All other appointments require at least 24 hours advance notice of cancellation to avoid a late cancellation charge of $50.

7. To comply with the attached Statement of Financial Responsibilities.

I HEREBY AGREE AND UNDERSTAND THAT THE ABOVE PARAGRAPHS ARE THE TERMS OF MY CONTRACT WITH COLON RECTAL HEALTH CENTER.

_________________________________ _______________________

Patient's signature Date

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Patient's name (printed)