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Assignment of Benefits

Some insurance companies will not pay your bill if you do not select one of their participating doctors. It is the patient's responsibility to determine if our doctor participates in your plan. Payment or co-payment is due at the time of service. The patient or guardian is responsible for any portion of the bill that is not covered by insurance. If I default in payment I understand that I will be responsible for any collection and/or legal fees.

Screening vs. Diagnostic Coverage

Insurance companies often provide screening benefits for routine screening colonoscopy. However, if during your screening procedure the physician removes a polyp or performs a biopsy, the procedure may be considered diagnostic and may not be covered as a screening exam. In this case, some insurance companies drop financial responsibility to the patient for all or part of the procedure cost. It is important for you to know if this applies to your routine screening benefits.

Patient Name

Date of Birth

Signature (patient or guardian)

Date

Appointment Cancellation

Effective January 1, 2007, all appointments must be canceled 48 hours prior to avoid a cancellation fee of \$75.00 dollars.

Your cooperation is greatly appreciated.

Efectivo Enero 1, 2007, su cita tendrá que ser cancelada con 48 horas de anticipación para evitar un cargo de \$75.00 dólares.

Su cooperación será muy apreciada.

Patient Signature/Firma

Date/Fecha