

Acknowledgement of Receipt of Information

I hereby acknowledge receipt of the following printed information:

1. **In-Network Disclosure**
2. **Assignment of Benefits** (bring back date of procedure)
3. **Patient Financial Responsibility Statement** (bring back date of procedure)
4. **Patient Medication and Admission Information Form** (bring back date of procedure)
5. **Patient Brochure**
 - Information regarding the **procedure** I am scheduled for. (i.e. colonoscopy)
 - Pre Procedure instructions
 - Cancellation Policy
 - Advanced Direct Policy
6. Brochure regarding the **physicians of Gastroenterologists of Ocean County**.
 - For information regarding the **Endoscopy Center** please see our website at www.endoofocandtr.com
7. **“Sample” Copies of the Informed Consents** to read over at home.
8. A copy of **Patient Rights and Responsibilities, and Ownership disclosure**

I understand that after reading this information, and asking questions I may have, I will be able to make an informed decision regarding the recommended procedure.

Date: _____ Patient Signature: **X** _____