



WESTOVER HILLS  
GASTROENTEROLOGY

**Westover Hills Gastroenterology, P.A.**  
**Mosaab A. Hasan, M.D.**

## Screening Colonoscopy Acknowledgement Form

Our office has been asked to schedule you for a screening colonoscopy. Patients who have screening examinations have no signs or symptoms, and have a set benefit from their insurance company.

You need to be informed that if the physician performing your procedure finds a polyp or abnormality, your benefits may change and your insurance policy will pay differently.

I acknowledge that I have read the above statement and will be responsible for my deductible, co-pay, and out-of-pocket expenses in the event that my scheduled screening examination does result in a procedure with a polyp or abnormality.

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Procedure

\_\_\_\_\_  
Patient Account Number

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date