

Endoscopy Center of Ocean County, PC
Endoscopy Center of Toms River, LLC
Doctors: Tamimi, Collier, Bigornia, Glazier, Mirchandani, Menadier
477 & 473 Lakehurst Road Toms River, NJ 08755
P: 732-349-4422 F: 732-349-8126

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. Information regarding the **procedure** I am scheduled for. (i.e. colonoscopy)
6. Brochure regarding the **physicians of Gastroenterologists of Ocean County.**

Information sheet regarding the **Endoscopy Center**, its ownership, and information on the Center's policies on Advanced Directives.

7. **Pre-procedure instructions** for the procedure I am scheduled for.
8. **“Sample” Copies of the Informed Consents** to read over at home.
9. Copy of **Cancellation and No Show Policy.**
10. A copy of **Patient Rights and Responsibilities.**

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.

Signature of Patient or Guardian

Date