



**T E X A S M O D E R N
G A S T R O E N T E R O L O G Y**

IMPORTANT MESSAGE REGARDING YOUR PROCEDURE

PAYMENT:

Please note that payment for your procedure is required before your procedure. You will be receiving a call from our billing office at 903-487-2248 regarding your payment. If you are unable to pay for your procedure at least 48 hours beforehand, it will be cancelled.

THIRD PARTIES:

Please note that you may also receive separate invoices from anesthesia, pathology, labs and other ancillary services. These are separate from the invoices you receive from Texas Modern Gastroenterology.

NO SHOW POLICY:

Any patient who fails to show up for a procedure and has not contacted our office to cancel will be considered a "NO SHOW" and charged a \$100.00 fee. The no show fee is charged to the patient not the insurance company.

I have signed and acknowledged the above.

Patient Name: _____ Patient Signature: _____

Date: _____

If you have any questions, please contact our office at 903-558-2222.