

NEIL M. PRICE, M.D.  
MEDICAL DIRECTOR

**SCREENING COLONOSCOPY DISCLAIMER**

I understand that my chief reason for being examined today is for colon cancer screening. I understand that when insurance is filed, a screening examination will be listed as the primary diagnosis if the test is normal (no biopsies or polyps removed). All charges may not be covered by my insurance plan. I understand that two bills are generated; one for the physician charge and one for the facility charge. I also understand that if my claim is denied, I will be responsible for all charges related to my visit.

I understand that if my insurance company denies payment for this screening examination, I cannot request Nashville Endoscopy Center to resubmit the claim as a problem visit as my insurance company could interpret this as insurance fraud.

\_\_\_\_\_  
Patient's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date