TEMECULA VALLEY
Digestive Disease Consultants
& Endoscopy Center
TVEC
Dr. Thomas Eastman
Dr. John Hong
Board Certified Gastroenterologists

Eunice Rhee, D.O.	Thomas J. Harpole, M.D.	Lori J. Guthrie, R.N., M.S.N., C.F.N.P.	Bryan Sauter PA-C
Center For Medical Weight Loss	Gastroenterologist	Nurse Practitioner	Physician Assistant

Notification to our patients:

Our staff will call your insurance company to verify coverage and obtain authorization for your procedure.

If you have a deductible that has not been met, our billing staff will do their best to contact you in advance for a payment prior to your procedure for the Physician's services. Physician services are separate from the surgical suite and the pathologist charges.

Please understand that there are four components to your services:

- Physician's services including processing pathology specimens if any
  _____ initials
- Surgery suite services (facility)
  _____ initials
- Pathology services (pathologist reading results of pathology specimen)
  _____ initials
- Anesthesia services
  _____ initials

I have read and understand the above

_____

Patient Signature **Date**

MEDICARE BENEFIT ASSIGNMENT:

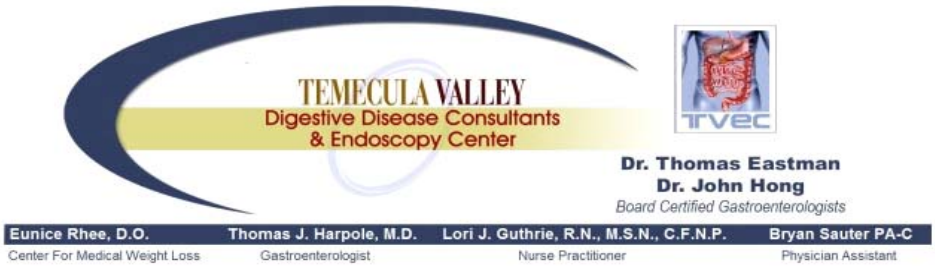
I request that payment of authorized MEDICARE BENEFITS be made to THOMAS W. EASTMAN, D.O. and JOHN J. HONG, M.D.

I request that payment of authorized MEDIGAP BENEFITS be made to THOMAS W. EASTMAN, D.O. and JOHN J. HONG, M.D.

_____

_____

Patient Signature
Date



AUTHORIZATION TO RELEASE INFORMATION: I understand my signature requests that payment be made and authorizes release of medical information necessary to pay the claim. (If other health insurance coverage is indicated in ITEM 9 of the HCFA 1500 claim form or elsewhere on other approved claim forms or electronically submitted claims, my signature authorizes releasing the information to the insurer or agency shown.)

Financial Responsibility

On occasion your insurance may determine the care you have received is NOT a covered benefit. Please read your insurance handbook and be aware of what your insurance offers for benefits. When in doubt contact your insurance company directly for clarification. You will be responsible for care not covered by your insurance plan.

- Not a Covered Benefit - is not covered or only partially covered by your insurance

plan, also excluded may be work injury or auto accidents.

- Not deemed medically necessary - not provided as the result of illness or injury.
- Before or after Eligibility - services provided during a period your policy is not in effect.

_____

_____SIGNATURE OF PATIENT/LEGAL GUARDIAN

DATE

I HAVE READ THE ABOVE INFORMATION AND I UNDERSTAND MY FINANCIAL OBLIGATION TO DR. EASTMAN, DR. HONG AND TEMECULA VALLEY DIGESTIVE DISEASE CONSULTANTS.

_____ _____ _____ _____

PATIENT/ GUARDIAN DATE WITNESS DATE