Oregon Endoscopy Center
Eugene Gastroenterology Consultants, P.C.

Oregon Endoscopy Center
3355 RiverBend Drive Suite 510 Springfield, OR 97477-8800
(541) 868-9500 (541) 685-5920 Fax

Patient:	Patient Test		
MRN:	000000000		
DOB:	1/1/1965	**Procedure:**	Colonoscopy
Gender:	Male	**Date:**	8/23/2023
Age:	58 year(s)	**Attending Physician:**	Test, Doctor

Anesthesia Consent

CONSENT FOR ANESTHESIA SERVICES

I, Patient Test, acknowledge that for my safety and comfort, my physician has requested that anesthesia services be provided to me by Anesthesia Associates Northwest LLC. The anesthetic, potential alternatives and risk have been explained to me. I understand regardless of the experience, care, or skill of my credentialed anesthesia provider, **unexpected and severe complications with anesthesia can occur**, and no guarantees or promises can be made relating to anesthesia outcomes. Although complications are rare, they are real and include the possibility of drug reactions, infection, bleeding, blood clots, injury to blood vessels, nerves, muscles, the eyes or teeth, loss of sensation, persistent numbness or weakness, loss of vision, pain, heart attack, coma, or death. It is impossible to state every complication that may occur. I had ample time to ask questions, receive explanations and consider my decision regarding my anesthesia care. I consent to anesthesia services, potential alternatives, and the possibility of transfer to another medical facility in an emergency.

CONSENT FOR BILLING / PAYMENT

1. Anesthesia Associates Northwest LLC is completely independent from your surgeon and/or facility. As a courtesy to our patients, we will bill your insurance company directly and you will receive a separate statement from Anesthesia Associates Northwest LLC.
2. Anesthesia Associates Northwest LLC accepts Medicare assignment. Insurance/Medicare reimburses a set percentage of anesthesia charges. Any remaining balance due may be covered by a secondary insurance or is the responsibility of the patient.
3. Anesthesia Associates Northwest LLC adheres to all I-IIPAA privacy policies.
4. I hereby assign all Medicare/Insurance Benefits/Payments for anesthesia care and authorize the release of all necessary information to process this claim to Anesthesia Associates Northwest LLC.
5. I agree that I am responsible for all anesthesia charges not covered by my Insurance, Medicare and /or Oregon Health Plan (DNS) including any fees required to collect unpaid balances.

For Provider Use Only

Anesthesia Plan/Consent/Med Hx reviewed and discussed.
Patient accepts risk and agrees to:
If Regional, specify type:

Signatures

Patient or Legal Guardian Signature
08/23/2023 09:22 AM

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Anesthesia Signature
08/23/2023 09:22 AM