



Anne Arundel Gastroenterology Associates, P.A.



AAGA COMMITMENT TO QUALITY CARE

The physicians of AAGA are committed to providing you, the patient, what we believe to be the best lab and radiology testing and medication for your health and wellness.

We cannot possibly know all the insurance coverage and benefit levels of all the insurance companies. Insurance coverage and benefit levels are chosen by the patient and the insurance company. It is in your best interest to be familiar with your specific insurance coverage and benefit level.

Some of our patients ask us to falsify their diagnosis so that the insurance company and benefit levels will provide coverage. Please be advised that AAGA will not alter the diagnosis to support insurance coverage and benefit levels.

We are ordering the lab and radiology testing that we feel will best help us to diagnose and treat your medical condition regardless of your insurance coverage and benefit level.

We are prescribing the medication(s) that we feel are best for you with all medical facts considered. The AAGA physicians will not change, substitute or preauthorize medications in response to your insurance coverage and benefit levels unless this is discussed at the time of your office visit.

You are encouraged to check your insurance coverage and benefit level prior to having diagnostic testing performed and / or prescriptions filled. If you elect not to follow your AAGA physician's orders because of insurance coverage and benefit levels, please be aware that by doing so, you may be jeopardizing diagnosis and or treatment of potentially life threatening illnesses and adversely affecting the patient / physician relationship.

AAGA has no financial interest in any laboratory, pharmacy or radiology facility.

The Maryland Center for Digestive Health (endoscopy center) is owned and operated by the Practice.

I understand that the AAGA physicians are ordering tests and prescribing medications that are in my best interest, that are medically indicated and necessary to diagnose and treat my medical condition(s), regardless of my medical insurance coverage and benefit level.

Printed Name

Social Security Number

Patient's Signature

Date