SWGA SWE
Southwest Gastroenterology Associates P.C.
7788 Jefferson St NE Albuquerque, NM 87109
Phone: 505-999-1600 Fax: 505-999-1650
Southwestgi.com

Acknowledgment of Receipt of Notice

I acknowledge that I have received, read, and understood the following notices:

- Assignment of Benefits and Billing Authorization
- General Consent of Care and Treatment
- Patient Financial Policy
- Authorization to Discuss Medical and Financial Information
- SWGA Office Policies

I understand that I can obtain these notices on SWGA's website (www.southwestgi.com) and on the patient portal. Please ask the front desk receptionist if you require a paper copy.

If you have questions regarding these notices, please contact our office at 505-999-1600.

Patient First Name (Print) Patient Last Name (Print)

Patient Signature Date

Guardian First Name (Print) Guardian Last Name (Print)

Guardian Signature Date

Office Use Only

I attempted to obtain the patient's signature in acknowledgment of these Practices but could not do so, as documented below.

Date: Initials: Reason: