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
- Insurance Notice: Laboratory and Imaging Services
- Informed Consent for Artificial Intelligence Scribe
- SWGA Office Policies
- SWE Office Policies

By signing this form, I acknowledge that I was offered the option to complete an "Authorization to Discuss Medical and Financial Information" form. This form lets me name individuals I authorize, so the practice may share my medical and/or billing information with them.

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 Printed Full Name Date

_____
Patient Signature

_____
Guardian Printed Full Name *(if applicable)*

_____ _____
Guardian Signature Date

Office Use Only

I attempted to obtain the patient's signature in acknowledgment of these Practices but was unable to do so, as documented below.

Date: _____ Initials: _____ Reason: _____