

Endoscope Consent Form

Dr LeLiever, Dr Davis, and Dr Lin feel that a patient presenting to our office with sinus, allergy, throat or voice complaints require a thorough examination of that specific area. In some cases, this can only be accomplished through the use of an endoscope. This examination is essentially painless and, in many cases, can be accomplished quickly. A procedural fee will be submitted to your insurance carrier for this procedure. In most cases we will accept your insurance company's allowance for this procedure. You will be obligated to pay only any deductible and/or copayments that are applied to this claim. (Please note, some insurance companies may list this diagnostic procedure as "surgery" on the insurance remittance advice you receive.)

These procedures have almost no risk and provide your physician with an excellent view of the areas involved. Please sign below to acknowledge that you have read the above and agree to undergo this procedure if needed.

Date ____/____/____

Signature Patient/Parent/Guardian