

900 GOODYEAR AVENUE  
SUITE B  
GADSDEN, AL 35903



PHONE (256) 492-0020  
FAX (256) 492-0029  
SURGICALASSOCIATESGADSDEN.COM

## S U R G I C A L   A S S O C I A T E S   O F   G A D S D E N

### Insurance Pre-Existing Clause

I understand that my insurance may have a pre-existing clause in my contract that may not cover the cost of my surgery or any other charges.

I agree to pay for any surgical procedure that my insurance does not cover due to this clause.

### Authorization to Perform Surgery

I understand that if I am having a surgical procedure: removal of any small lesions, skin tags, moles, warts, etc. that my insurance may not cover these services.

I agree to pay for any cost that my insurance does not cover to Surgical Associates of Gadsden, P.C.

I hereby grant permission to Dr. Alberto Echeverri or Dr. Ken Davenport to perform my surgery; should I decide to have surgery.

\_\_\_\_\_  
Signature of Patient, Personal Representative or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff member Witness

\_\_\_\_\_  
Date