William J. Fecht, Jr., M.D.

Diplomate of the American Board of Internal Medicine / Gastroenterology

13421 Old Meridian St.
Suite 201
Carmel, IN 46032

PH (317) 872-1161
TF (877) 282-5687
FX (317) 661-4657

www.indianagastro.com

Indiana Gastroenterology, Inc.

PATIENT DISCLOSURE FORM

Date:

Patient name: _____

Dear patient,

At the time of scheduling, we offer one of two facilities for your convenience listed below:

Carmel Ambulatory Surgery and Endoscopy Center
Riverview Health—Noblesville campus

As you have selected to have your outpatient procedure at the Carmel Ambulatory Surgery and Endoscopy Center, Dr. Fecht is required under Indiana law to disclose to you that he has a financial interest in the facility you have chosen.

By signing below, I acknowledge that I have been informed by Dr. Fecht's staff of his financial interest in the Carmel Ambulatory Surgery and Endoscopy Center and that I have been given the choice of another health care facility for treatment.

_____

Patient / authorized representative signature

_____

Printed name Relationship if other than self

_____