



ASC Conditions of Coverage Patient Attestation

I certify that I have received written documentation of the following items, in advance of the date of my scheduled procedure:

1. Patient's Rights and Responsibilities
2. CarlinVision Surgery Center, LLC's policy concerning Advance Directives (Offered information about obtaining an Advance Directive)
3. Disclosure of Physician's Ownership

Furthermore, I understand that this information is being provided for my benefit and that should I have any questions regarding its content, I should ask one of the team members of CarlinVision Surgery Center, LLC for clarification.

Patient Signature

Date

3/11