



ASC Conditions of Coverage Patient Attestation

I _____ (print name) certify that I have received and reviewed documentation of the following items, in advance of the date of my scheduled procedure:

1. Notice of Patients Rights and Responsibility
2. Titusville Center for Surgical Excellence policy concerning Advance Directives
3. Physician Ownership Disclosure Statement

Furthermore, I understand that this information is being provided for my benefit and that should I have any questions regarding its content, I should contact Titusville Center for Surgical Excellence for clarification.

Patient Signature

Date

** Please complete, sign, date and return this form to the facility on the date of surgery or in advance via fax at (321) 567-6320.