

**ARCADIA ENDOSCOPY ASC, L.P.
d/b/a VALLEY DIGESTIVE HEALTH CENTER
488 SANTA CLARA – SUITE 102
ARCADIA, CALIFORNIA
(626) 359-9555**

PHYSICIAN OWNERSHIP DISCLOSURE FORM

In accordance with Federal ASC Regulations (42 C.F.R. 416.50(a)(ii)), the following ownership disclosure is made in advance of the date of the procedure:

Valley Digestive Health Center is owned in part by physicians. The physician who referred you to the Center and who will be performing your procedure is an owner.

You have the option to be treated at another health care facility of your choice. We can discuss with you alternative locations where you may receive services.

By signing below, you, or your legal representative, acknowledge that this disclosure has been made in advance of the date of the procedure, and that you have decided to have the procedure performed at Valley Digestive Health Center.

Signature of Patient or Patient Legal Representative

Date: _____ **Time:** _____

Please bring this form with you to Valley Digestive Health Center on the day of your procedure.