

**Ambika Bali, M.D., M.R.C.P., F.R.C.P.(C), F.A.C.G.**

Board Certified

Internal Medicine and Gastroenterology

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1211 West La Palma Ave, Suite 409, Anaheim, CA 92801

Phone: (714) 999-0909

**AGREEMENT**

1. I have received, read, and understood the instructions given to me for my procedure.
2. I will inform Dr. Bali's office if my insurance changes prior to the date of my procedure.
3. If I am unable to keep my appointment for the procedure, I will inform Dr. Bali's office **no later than 72 hours** before the procedure. I understand that if I do not call the office to cancel my appointment at least 72 hours in advance, I will be charged a **\$150.00** cancellation fee (not billable to insurance).

Patient's Name \_\_\_\_\_ DOB \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_