

# **LEO TREYZON, M.D., INC.**

**CEDARS-SINAI MEDICAL OFFICE TOWERS  
8631 W. THIRD ST., SUITE 1015-East  
LOS ANGELES, CALIFORNIA 90048  
PHONE 310-652-4472  
FAX 310-358-2266**

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## **GASTROENTEROLOGY AND HEPATOLOGY**

**LA PEER SURGICAL CENTER  
8920 WILSHIRE BLVD., SUITE 101  
BEVERLY HILLS, CA 90211  
(310) 360-9119  
FAX (310) 360-9115**

La Peer Surgical Center is located on the southeast corner of Wilshire Blvd and La Peer Dr., 3 blocks west of Robertson Blvd. Please arrive at the time indicated on your instruction sheet. If you have any questions, feel free to call our office or the Surgical Center at the above number.

La Peer Surgical center is licensed by the State of California and is Medicare certified. It provides a home like environment, unlike traditional hospital settings. Their staff is excellent and you'll like the personal attention.

As discussed with you earlier and noted on the explanation letter you received with this packet, we cannot guarantee that your insurance carrier will cover the services of an anesthesiologist for your procedure. If these services are not covered, you will be responsible for the payment of \$250.00 for an upper or lower endoscopy, or \$300.00 for both together to the anesthesiology group.

Due to significant number of cancellations made within 72 hrs of the procedure time. We have instituted a cancellation policy. Cancellations for endoscopic procedures including Upper GI Endoscopy and/or Colonoscopy MUST be made at least 72 hrs prior to the scheduled procedure (or by Thursday for Monday procedures). Any cancellations made with less than 72 hrs notice will be charged \$250.00. Please sign below indicating your acceptance of these conditions.

PLEASE PRINT NAME \_\_\_\_\_

PLEASE SIGN \_\_\_\_\_ DATE \_\_\_\_\_