



**LANCASTER  
GASTROENTEROLOGY**  
**PROCEDURE CENTER, LLC**

**The Lancaster PA Endoscopy ASC, L.P.  
d/b/a Lancaster Gastroenterology Procedure Center (LGPC)  
2112 Harrisburg Pike – Suite 323  
Lancaster, PA 17604  
(717) 544-3569**

**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:

Lancaster Gastroenterology Procedure Center is owned in part by the physicians of Lancaster Gastroenterology Inc. The physician who will be performing your procedure is an owner.

You have the option to be treated at another health care facility such as Lancaster General Hospital or Lancaster Regional Medical Center.

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 Lancaster Gastroenterology Procedure Center.

\_\_\_\_\_  
**Signature of Patient or Patient Legal Representative**

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Please bring this form with you to Lancaster Gastroenterology Procedure Center on the day of your procedure.**