



Digestive Healthcare Endoscopy Center

Upper Endoscopy

Today's Date _____

Patient _____ **Dr.** _____

Check In time for procedure _____

Scheduled Time for the procedure _____

Scheduled date of procedure _____

Location: DIGESTIVE HEALTHCARE ENDOSCOPY CENTER is located at 3280 Howell Mill Road NW Suite T-150 Atlanta GA 30327. For your procedure, you will park in the open-air parking lot on the north side of the building that reads Digestive Healthcare of Georgia Outpatient Procedures Only. This parking lot is only for procedures and you will enter the waiting room from here

To avoid being charged a cancellation or no-show fee of \$250, you must call and cancel the appointment 72 business hours prior to the appointment

STOP AND READ:

- If you do not follow these instructions your procedure may be delayed or cancelled.
- Please note that you cannot have any solid after midnight, the day before your procedure.
- You may have clear liquids up to three hours before your procedure. This includes the prep solution.
- You cannot have anything in your mouth (gum, mint, cough drop, ice chips etc.) three hours before your procedure.
- If you are a female between the ages of 18-55, you will be required to give a urine sample before the procedure for a pregnancy test.
- Please be aware that there is a remote risk of injury to your native teeth or to dental work which is beyond our control. Because of this you will be asked to sign a consent which states that you understand this risk and are willing to proceed.



ENDOSCOPY CENTER PARKING ENTRANCE





ENDOSCOPY CENTER FRONT DOOR ENTRANCE



What is an upper endoscopy?

An upper endoscopy is a test performed to evaluate symptoms of persistent upper abdominal pain, bleeding, nausea, vomiting or difficulty swallowing. During the procedure, a doctor examines the lining of your esophagus, stomach and the first part of your small intestine through a thin, flexible tube called an endoscope. If growths or other abnormalities are found during the procedure, the doctor may remove the abnormal tissue for further examination, or biopsy. An upper endoscopy may also be used to treat various conditions of the upper gastrointestinal (GI) tract, such as narrowing, abnormal growths or bleeding.

PRE-PROCEDURE CHECKLIST

If you have diabetes, ask your regular doctor for diet and medication restrictions. Do not take your oral diabetes medicine on the day of your procedure. If you take metformin, stop taking it the day before your endoscopy. Also, please bring your insulin and insulin syringes with you to your procedure. We will check your blood sugar before and after the procedure.

If you take a medication to thin your blood (such as Coumadin, Plavix, Pradaxia or Lovenox) be sure to discuss this with the doctor performing your procedure. You must get your prescribing doctor's permission if you need to stop these medications.

If you are currently taking other prescription medications, you may continue to take all other medications as instructed by the prescribing physician.

If you are or may be pregnant, please discuss the risks and benefits of this procedure with your doctor.

You **MUST** arrange for a ride for the day of your exam. If you fail to arrange transportation with a responsible adult, your procedure will need to be cancelled and rescheduled.

If you must cancel or reschedule your appointment, please call 404-355-3200 at least 72 business hours prior to your procedure to avoid a late cancellation fee of \$250.00.

If you have any special needs, such as a pacemaker, internal defibrillator, latex allergy, need for an interpreter, or if you are allergic to eggs, nuts or soy, please contact our office immediately. Your procedure may need to be rescheduled.

PREPARATION

To ensure a successful exam, please follow all instructions carefully. Failure to accurately and completely prepare for your exam may result in the need for an additional procedure and both procedures will be billed to your insurance.

The night before your exam:

- Stop eating solid foods at midnight.

Clear liquids are okay to drink (examples: water, Gatorade, clear broth, black coffee and apple juice).

- Do not drink red liquids or alcoholic beverages.

The day of your exam:

- Pre-menopausal women will be asked to give a urine sample for a pregnancy test.
- You may take your usual medications (exceptions noted above) with up to 4 oz. of water at least 3 hours prior to your procedure. Be sure to wear comfortable clothes and shoes that will remain on your feet (preferably tennis shoes) to your procedure. Please do NOT wear flip flops, sandals, or backless shoes.
- Please remove ALL jewelry including earrings, rings, bracelets, anklets, necklaces, and watches prior to the procedure, and be sure to leave any and all valuables at home. DHEC will not be responsible for lost valuables (including eyeglasses and dentures).

Plan to spend up to two hours at the endoscopy center the day of your procedure. The exam itself takes about 15 minutes to complete.

Before the exam:

- You will change into a gown and robe.
- Your medical history will be reviewed with you and you will be given a consent form to sign.
- A nurse will insert an intravenous (IV) line into your hand or arm.

During the exam:

- Medicine will be given through the IV line to sedate you.
- Your heart rate and oxygen levels will be monitored. If your blood pressure is low, you may be given fluids through the IV line.
- The doctor will insert a flexible, hollow tube - called an endoscope - into your mouth and will advance it slowly through the esophagus, stomach and duodenum (the first part of your small intestine).

- If you have difficulty swallowing, and the doctor finds a narrowing in your esophagus, it may be possible for the area to be expanded during the exam.
- If abnormal tissue is found, the doctor may remove it through the endoscope for closer examination, or biopsy. Tissue removal is painless.

What happens after the exam?

- The doctor will talk with you about the initial results of your exam.
- The doctor will prepare a full report for the physician who referred you for the upper endoscopy.
- You may feel bloated after the procedure. This is normal.
- Your throat may feel sore for a short time.
- Medication given during the exam will prohibit you from driving for the rest of the day.
- Following the exam, you may resume your normal diet. Avoid alcohol until the next day.
- You may resume your regular activities the day after the procedure.
- A nurse will provide you with complete discharge instructions before you leave the endoscopy center. Be sure to ask the nurse for specific instructions if you take blood thinners such as aspirin, Coumadin or Plavix.
- Any tissue samples removed during the exam will be sent to a lab for evaluation. It may take 5-7 working days for you to be notified of the results.

Are there possible complications from an upper endoscopy?

Although serious complications are rare, any medical procedure has the potential for risks. A nurse will review all potential warning signs with you before you leave the endoscopy center.

Risks include:

- Perforation, or a tear, of the lining of the stomach or esophagus
- Bleeding from the biopsy site if tissue was removed
- Reaction to medications used during the procedure

Additional information:

- Bring a list of all of your current medications, including any allergy or over-the-counter medications.
- Bring a photo ID as well as up-to-date insurance information, such as your insurance card and any referral forms that might be required by your payer.

Co-pays are required on the day of your appointment. If you have any questions about precertification, please call our business office at 404-603-3543

If your insurance does not cover this procedure, for example you are a self-paying patient or you have been notified by our office that you need to pay, please bring

Credit Card (Visa or MasterCard only)

or

If paying by check, you will need to bring 2 separate checks, one for the doctors fee and one for the Endoscopy Center's fee.

When you receive your statement from this procedure, there will be an invoice for the Physicians fee, an invoice for the Endoscopy Center's fees (supplies and nursing care), and an invoice for any anesthesia you may receive. You may also receive a separate bill from the laboratory doctor who examines any tissue that is sent out.

Digestive Healthcare of Georgia Endoscopy Center is co-owned and operated by the Physicians of Digestive Healthcare.

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Digestive Healthcare of Georgia Patient Financial Responsibilities

**(Please bring this signed form with you to your
appointment)**

Digestive Healthcare of Georgia welcomes you to its family of physicians and healthcare providers. We are pleased you have chosen us to care for you and we commit to enhance the value and quality of your care. This policy statement is intended to answer questions you may have regarding payment for services rendered at our facilities or in the hospital setting by members of the group. Your questions and comments are welcomed.

While we hope to maintain a longstanding relationship with you, we must ensure all patients follow our policies. We require all our patients to read and sign this document and we will maintain this in our files. Failure to adhere to these financial policies can result in dismissal from the practice.

Payment For Services

For your convenience, we accept cash, VISA, MasterCard, and AMEX, debit cards, traveler's checks, money orders and personal checks. Starter checks and postdated checks are not accepted. A valid picture ID is required on all checks. **Co-payments, coinsurances and/or deductibles are required by your insurance plan, they are due when services are rendered.**

Cancellation/No Show Policy

To ensure that all our patients have access to our physicians, we have established the following fees for late cancellations and no shows. Office visits cancelled less than 24 business hours of the appointment may be subject to a charge of \$50.00. Procedures cancelled less than 72 business hours of the appointment may be subject to a charge of \$250.00. These charges will be billed to the patient and not their insurance carrier.

Self Pay Patients

The group welcomes self-paying patients when no insurance coverage is available for our services. Patients who have no insurance are asked to pay in full at the time of service. If for any reason you may be unable to pay in full at the time of service, speak with the billing manager **in advance** of the visit to determine if reasonable payment arrangements can be established with the group. New patients without insurance are required to pay a \$150 retainer when checking in. This will be applied to your visit and you will be asked for the balance or if the visit is less than \$150, you will be refunded the difference during checkout.

Filling out Forms

For your convenience, our physicians will fill out forms for our patients. The fee for this service is **\$30.00**. This fee must be paid when the form is mailed or dropped off at the practice. Patients are not required to pay a fee for State disability or Workers Compensation forms.

Insurance Coverage

Your Physician's Participation With Your Insurance Plan

Our group accepts most major insurance plans. Prior to your initial visit, please contact your insurance carrier to confirm that the physician you'll be seeing participates in your plan. If a procedure is necessary and you decide to have your procedure performed in our endoscopy lab, contact your insurance carrier to ensure that our endoscopy lab is also in network with your insurance plan. Our billing department will assist you with any information your insurance carrier may need to clarify our physician/endoscopy lab's participation with your plan.

If the physician does-not participate with your insurance plan, you will be responsible for payment of all charges at the time of your visit. You will be provided an itemized bill which you may submit to your insurance plan for any reimbursement for which you may be eligible.

Current Insurance and Patient Demographic Information

If your physician participates with your insurance plan, we will file a claim on your behalf and only request payment at the time of service for any co-payments, deductibles, coinsurances or services that are not covered by your plan. For the group to file your insurance, we must have a valid picture ID, the current insurance coverage(s) and be made aware of any changes in either insurance or patient address or phone numbers. **Please bring your insurance card to every visit so that we can confirm your coverage. Otherwise, the visit will be considered self-pay.**

Patient Payment Responsibility For Non-Covered Services

In some cases, your insurance may not cover certain services or may have coverage limits in place. Limited coverage on routine, preventive healthcare is common among insurance plans. We may request payment for any known, non-covered services at the time of your visit; otherwise they will be billed to you at a later date.

Managed Care Insurance (HMO .POS & PPO plans)

Patients with managed care health plans will be expected to follow the payment-at-time-of- service requirements of the particular plan under which they are covered. Managed care patients will not receive monthly statements except for services that are not covered by the plan.

Your managed care plan may require a **referral** from your PCP in order to pay for your visit to a specialist. Please make sure you have obtained any required referrals in advance of your visit. If your insurance plan requires a referral and we do not have one, we will try to notify you prior to the visit. If we are unable to obtain a referral while you wait, you will be given the option to pay for the visit out of pocket or to reschedule the visit for a later date after the referral can be obtained.

Your managed care plan may also require **prior authorization (precertification)** prior to any outpatient procedures performed by our physicians. Our precertification department will assist in obtaining prior authorization for outpatient services that are considered medically necessary. However, **Screening Colonoscopy** may not be covered by your insurance plan even if it is recommended by your physician. You are responsible for calling your insurance carrier to ensure that **routine colonoscopy screenings** are a covered benefit under your insurance plan.

Indemnity Insurance

Our group does not contract with indemnity insurance plans, with the exception of Blue Cross. All other indemnity plans will be filed as a courtesy by our office. If payment is not received within 60 days from the time the claim is filed, the visit will be changed to self-pay status.

Medicare Insurance

Our physicians accept Medicare assignment on covered Medicare charges. Payment for the 20% Medicare coinsurance amount will be billed after we receive payment from Medicare. Payment of the annual deductible or any non-covered charges is expected at the time of service unless you have secondary insurance accepted by the group (see "Secondary Insurance" policy below).

Medicare may not pay for certain services it determines to be medically unnecessary. If there is a possibility that a service to be provided to you may fall into this category, you will be asked to sign an **advanced beneficiary notice** indicating that you acknowledge this possibility and that you agree to pay for all services Medicare determines to be medically unnecessary.

Medicaid & Georgia Better Healthcare Insurances

Patients must show proof of current Georgia Medicaid eligibility (current Medicaid card or DMA964 form) prior to seeing a physician. Co-payments are to be paid at the time of service.

Worker's Compensation Insurance

Validated worker's compensation services are billed either to the employer or the employer's carrier, depending on company policy. In the absence of validation by the employer of a work- related injury, the patient will be held responsible for payment for services rendered. Should the employer or carrier subsequently deny a validated workers compensation service, such charges will be the financial responsibility of the patient.

Secondary Insurance

We file secondary insurance only for plans accepted by the group. We also file all Medigap insurance plans for our Medicare patients. We allow 60 days from the date of service for your secondary payer to pay. Beyond 60 days, unpaid secondary balances are patient responsible.

Signed: _____ Date _____
Patient/Guarantor

By signing above, the patient or guarantor acknowledges that he/she has read and agrees to comply with all policies above. Please bring this signed form to your appointment.

Patient's Rights and Responsibilities

1. The patient has the right to considerate, dignified, and respectful care.
2. The patient has the right to refuse any treatment or care, and to be informed of any medical consequences of their actions.
3. The patient has the right to the appropriate privacy of care. HIPAA requirements will be followed unless there is imminent danger to the patient or others.
4. The patient has the right, when the need arises, to have the facility make reasonable attempts to communicate in the language or manner primarily used by the patient.
5. The patient has the right to examine and receive a full explanation of their bill and payment policies of fees for service. The patient accepts their personal financial responsibility for any charges not covered by insurance.
6. Upon preparation of documentation, patient's medical records will be made available to the patient. If it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.
7. The patient has the right to refuse to participate or engage in human experimentation, and/or experimental research affecting their care or treatment.
8. The patient has the right to receive information regarding their care, diagnosis, treatment, and prognosis and when medically necessary the information is provided to a person designated by the patient or to a legally authorized person.
9. The patient has the right to participate in decisions involving their health care, except when such participation is contraindicated for medical reasons.
10. The patient has the right to receive information from their provider prior to signing the informed consent. This information will include but is not limited to the medical risks and benefits of treatment and alternatives of care.
11. The patient has the responsibility to inform the facility staff or medical provider that you do not understand any part of your consent and to ask any questions or clarifications before signing consent.
12. The patient has the responsibility to follow the facility's protocol regarding their care, not to behave in a disruptive or disturbing manner and to have what is considered civil conduct, and not to have threatening behavior this includes but is not limited to cursing, screaming, berating, and belittling staff.
13. The patient has the responsibility to be considerate of other patients and staff members.
14. The patient has the responsibility to have a responsible adult driver present/available at time of procedure. We understand that not all responsible adults will wait in a healthcare waiting room due to their personal response to HIDs.
15. The patient has the responsibility to provide complete and accurate health care information to the best of their ability regarding their health, medications (including over-the-counter products and dietary supplements), and any allergies or sensitivities.
16. The patient has the responsibility to indicate whether he or she understands the contemplated plan of care and is able to follow the treatment plan prescribed by his/her provider and to participate in his/her care.
17. The patient has the right to change their provider (within the practice) without prejudice. If patient wants to change provider the day of the procedure the procedure will be cancelled and scheduled with another provider. Cancellation policy will be in effect.
18. The patient has the responsibility to be knowledgeable about their health care plan/insurance.
19. The patient has the responsibility to be accountable for their financial responsibilities.
20. The patient is given the opportunity to participate in decisions involving their health care, except when such participation is contraindicated for medical reasons. When medically inadvisable the information is provided to a person designated by the patient or to a legally authorized person.
21. The patient needs to be aware that it is the policy of Digestive Healthcare Endoscopy to resuscitate, stabilize and transfer the patient to the closest acute care facility. If you bring an Advanced Directive, it will become a prominent part of your chart. Your Advanced Directive will be shared/sent with you to an acute care facility if the need arises.
22. The patient has the right to their health care providers' credentials upon request.
23. The patient has the right to exercise his or her rights without being subjected to discrimination or reprisal.
24. The patient or their representative has the right to verbalize concerns, suggestions, or complaints to any of the below listed agencies. It is the responsibility of Digestive Healthcare Endoscopy Center staff to listen to patient concerns voiced by the patient or their representative. Patients who express concerns or file a grievance will not have their future access to care compromised in any way. To share concerns, verbally or written, please contact Lisa Kittner RN, BSN at 404-355-3200 Ext. 1155, Gaye Pennington at 404-355-3200 Ext. 1111 or any staff member of Digestive Healthcare. The governing body will notify the patient of receipt of written complaint within three working days. A written decision will be mailed to the patient after seven working days. If you are not satisfied with the resolution of Digestive Healthcare Endoscopy Center you may contact the state agency of Medicare Ombudsman.

Chief Executive Officer
Digestive Healthcare Endoscopy Center
Gaye Pennington
3280 Howell Mill Road NW
Suite T-100
Atlanta, GA 30327

GA Department of Community Health
Attn: Complaint Department
2 MLK Jr Drive SE
18th Floor, East Tower
Atlanta, Ga 30334 404-656-4507

Medicare Beneficiary Ombudsman
<https://www.shiphelp.org/>
1-800-MEDICARE (1-800-633-4227)

Policy: Digestive Healthcare Endoscopy Center is a single specialty Ambulatory Surgical Center and its available resources are dedicated solely to endoscopic care. In the unlikely event of an adverse occurrence, the governing body has decided that you will be resuscitated, stabilized, and transferred to an acute care facility. These efforts may include but are not limited to CPR, intubation, mechanical ventilation, Advanced Cardiac Life Support including treatment of abnormal heart rhythms with electric shock and medications. If you bring an Advanced Directive/Allow Natural Death document, it will become a prominent part of your chart. In the event of a transfer your Advanced Directive/Allow Natural Death will be shared/sent with you to the acute care facility.



To Our Patients,

Please be advised that the physician partners of Digestive Healthcare of Georgia, P.C. are the majority owners of Digestive Healthcare of Georgia P.C., including the practice's pathology services, and are also the majority owners of Greater Atlanta Anesthesia, LLC.

An alternative source of the services for which you have been referred to this entity is as follows:

Piedmont Hospital
1968 Peachtree Road, NW
Atlanta, GA 30309

While Digestive Healthcare of Georgia Endoscopy Center is directly adjacent to one of our offices and shares the same entrance, the medical practice of Digestive Healthcare of Georgia is a separate waiting room and separate business. Procedures performed at the Center are not performed in the "doctor's office".

An endoscopy procedure will typically generate three separate bills from the physician owned entities:

1. Digestive Healthcare of Georgia, P.C. (Physician bill and possible Pathology charges)
2. Digestive Healthcare of Georgia Endoscopy Center, LLC (Facility bill)
3. Anesthesia bill

A separate bill for pathology professional services will also be generated.

Patient Signature

Date/Time

Witness

Date/Time

Communications With Patients About the OAS CAHPS Survey

We are informing you the patient of the ASCs that you may be asked to respond to a patient experience survey. The information gathered by the survey is for the ASC to learn more about the quality of health care that patients receive. Patients are selected randomly to participate in the survey. The mode of the survey can be by telephone, mail or the web. All patients selected to participate in the OAS CAHPS Survey can decide on their own whether they wish to participate and will be provided an opportunity to do so as part of the survey process.