ADVANCED GASTROENTEROLOGY ASSOCIATES *A Division of Allied Digestive Health*

Michael R. Tendler, M.D.
Barbara Cencora, M.D.
Jared Z. Gold, M.D.
Suresh Pitchumoni, M.D.
Tina A. Vazirani, M.D.

PROCEDURE INFORMATION AND PREPARATION

TODAY'S DATE: _____

PATIENT NAME: _____

PROCEDURE: _____

PROCEDURE DATE: _____

I have received a copy of the procedure and preparation information. I have read and understand the instructions.

Please note: It is the patient's responsibility to have any necessary referrals from your primary doctor. If you do not have the required referrals, your procedure will be cancelled. All insurance coverages vary. We will make every attempt to verify your coverage, but you are ultimately responsible to know your benefits.

PATIENT SIGNATURE:_____ DATE: _____

475 County Road 520, Baron Plaza, Suite 201, Marlboro, NJ 07746
403 Candlewood Commons, Building #4, Howell, NJ 07731
100 Perrine Road, Old Bridge, NJ 08857
Tel. 732-370-2220 • Fax: 732-548-7408
www.advancedgastroonline.com

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DISCLOSURE FORM

You have been scheduled to have your upcoming procedure at the Center for Ambulatory and Minimally Invasive Surgery (CAMIS).

In accordance with Federal Regulations (42 C.F.R. 416.50(a)(ii) and the Public Law and applicable rules of the State of New Jersey, Board of Medical Examiners (C.26:2H-12; N.J.A.C 13:35-6.17), a physician, podiatrist, and all other licensees of the Board of Medical Examiners must inform patients of any significant financial interest in a health care facility.

CAMIS is owned (in part) by one or more of the physicians of Advanced Gastroenterology Associates. Accordingly, please take notice that the physician who will be performing your procedure may have a financial interest in the health care facility for which you are being referred.

You may, of course, seek treatment at a health care facility of your own choice. A listing of alternative health care facilities can be found in the classified section of your telephone directory under the appropriate heading.

You have the right to enter into an advance directive. An advance directive means a written statement of your instructions and directions for health care in the event of your future decision making incapacity. An advance directive may include a proxy or directive or an instruction directive, or both. (N.J.A.C. 8:43A 1.3). If you have an advanced directive contrary to receiving CPR and do not agree to receiving CPR, you will not be able to have your procedure at CAMIS.

You have the right to make informed decisions regarding your care including the right to make decisions concerning the right to accept, refuse, or choose from alternatives of medical and/or surgical treatment.

By signing this disclosure, you or your legal representative, acknowledge that: (1) you are receiving this notice prior to the date of the procedure; (2) you have been informed of the financial interests of the practitioners in this office; (3) you voluntarily desire to have your procedure performed at the Facility; (4) you have the right to enter into an advance directive; and (5) agree to have CPR if required; (6) you have the right to make informed decisions regarding your care; (7) you have received a copy of patient rights.

I understand and agree:

Patient Signature_____ Witness: _____

Printed Name: _____ Printed Name: _____

Date: _____ Date: _____

Complaints may be lodged with the following:

N.J. Department of Health and Senior Services
Division of Health Facilities Evaluation and Licensing
PO Box 367, Trenton, NJ 08625-0367
http://www.state.nj.us/health/healthfacilities

Office of the Medicare Beneficiary Ombudsmanhttp://
www.medicare.gov/Ombudsman/activites.asp

Center for Ambulatory and Minimally Invasive Surgery (CAMIS)
234 Industrial Way West, The Summit, Building B, Suite 101
Eatontown, NJ 07724
(732) 440-4900

FINANCIAL INFORMATION

CAMIS is a separate entity from Advanced Gastroenterology Associates. CAMIS is an *Ambulatory Surgery Center.* The services rendered here are **not** office-based procedures.

Your doctor's office will contact your insurance company to better understand your health benefits for the services to be provided as well as to find out if pre-authorization or if a referral is required for this service. If necessary, they will obtain pre-authorization for you; however, this does not guarantee payment. You are responsible to obtain any referrals required. The doctor's office and the surgery center are not responsible for any misinformation received from your insurance company(ies). It is always best that you call your insurance company to better understand your benefits as well as any potential financial responsibility for this service.

While your doctor may participate with your insurance carriers, CAMIS may not be a participating facility. CAMIS can work with both in-network and out-of-network health plans.

Please note, often "pre-existing condition clauses" are a concern. When an insurance contract has a pre-existing clause, whether or not you have a lapse in coverage, you may be required to provide additional information to your insurance company (i.e. Certificate of Credible Coverage) to insure payment. If you do not provide such information within 30 days of the insurance company's request and payment is delayed for this reason, you will be personally responsible for payment of services rendered. If you have a lapse in coverage and your current insurance policy has a "pre-existing condition clause", your insurance company may deny payment. If the claim is denied for this reason, you will be personally responsible for payment of services rendered.

CAMIS will generate a separate bill for your procedure, just as a hospital would if you had your procedure there. You should anticipate receiving four (4) separate bills: a facility charge, the doctor's professional charge, an anesthesiologist charge, and a pathology charge, should biopsies be taken. These bills will be submitted to your insurance company(ies) with the information provided. You will then be billed if there is any remaining patient responsibility.

The billing staff at CAMIS is available to answer your questions relating to any statements or bills you do not understand.

Please sign below to indicate your understanding and acceptance of the above information.

_____	_____
Print Patient's Name	Patient Signature
_____	_____
Responsible Party Name	Responsible Party Signature
_____	_____
Witness Name	Witnesss Signature

Date: _____

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DIRECTIONS TO
THE CENTER FOR AMBULATORY AND MINIMALLY INVASIVE SURGERY
"CAMIS"

234 Industrial Way West, The Summit, Building B, Suite 101
Eatontown, NJ 07724
(732) 440-4900

FROM THE NORTH

- Take Route 18 South, Towards Pt. Pleasant
- Take EXIT 13A, HOPE ROAD
- Make the 3rd left onto INDUSTRIAL WAY WEST
- Follow INDUSTRIAL WAY WEST for approximately a half mile
- 234 INDUSTRIAL WAY WEST / THE SUMMIT*, will be on the left
- Building B is just behind Building A, which has a spine on it and can be seen from the street.
- The United States Post Office is just across the street; this is a large blue bldg
- If you reach Meridian Road, you've gone too far

FROM THE SOUTH

- Take Route 18 North, towards Eatontown, to CR-547S, Exit 13A
- Take EXIT 13A, towards Garden State Parkway/Wayside
- Make a right onto Wyckoff
- Make a left onto Hope Road
- Make the 2nd left onto INDUSTRIAL WAY WEST
- Follow INDUSTRIAL WAY WEST for approximately a half mile
- 234 INDUSTRIAL WAY WEST / THE SUMMIT*, will be on the left
- Building B is just behind Building A, which has a spine on it and can be seen from the street.
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- If you reach Meridian Road, you've gone too far

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Today's Date: _____

Dear Patient,

The doctor will be performing your upcoming procedure at CAMIS, an ambulatory surgery/out-patient facility, located at 234 Industrial Way West, The Summit, Building B, Suite 101, Eatontown, NJ 07724.

At least 6 days prior to your procedure, please carefully read all of the attached information.

It is extremely important that you follow the dietary and preparation instructions as outlined in your attachments.

The day before your procedure, the surgery center will call you to advise you of the time you should arrive. Please note, **the appointment time given at the time your appointment is made is always subject to change.**

On the day of your procedure, please bring with you the following items:

- O Your insurance ID card (s)
- O Picture ID

All other paperwork attached is for information purposes only and does not need to be brought with you on the day of your procedure.

** If you find it necessary to cancel your appointment, please kindly give us 72 (business) hours notice; this will allow us to use this appointment for other patients as well as help you avoid a $100.00 cancellation fee. **

Thank you.

Advanced Gastroenterology Associates

Michael R. Tendler, M.D.
Barbara Cengora, M.D.

Advanced GI Astroenterology Associates

Jared Z. Gold, M.D.
Suresh Pitchumoni, M.D.

MIRALAX COLONOSCOPY PREP

WHAT YOU NEED TO BUY:

- Miralax - 238 gram bottle (available over-the-counter at any pharmacy).
- If not diabetic: Gatorade 64 ounces (any color but red/purple).
  Alternatives: Any clear drink, such as water, Crystal Light, etc.
- If diabetic: Crystal Light (to be mixed with 64 ounces of water).
  Alternative: water (64 ounces) or any other sugar free drink.
- Dulcolax Tablets (not suppositories), 4 tablets (5mg each), purchase over-the-counter.
- You may want to purchase a supply of "clear liquids" for your preparation.

INSTRUCTIONS:

5-7 Days Prior to Procedure:

- Stop using Aspirin, Plavix or Coumadin (discuss with prescribing physician).
- No Advil, Aleve, Ibuprofen, Motrin, etc. (Tylenol is okay for pain).
- Stop iron and fiber supplements.
- Continue taking all other approved medications.

1 Day Before Your Procedure:

- Okay to take approved daily medications.
- Clear liquid diet all day long. For example, water, juice with no pulp (apple, etc.), popsicles, soda, jello, (any color but red or purple) clear broth, black coffee (no milk), ice, etc.
- NO food or dairy products all day long.

At approximately 12 noon:

- Take 4 tablets of Dulcolax.
- Mix 238 grams of Miralex with Gatorade or substitute and refrigerate.

At 5PM:

- Start drinking the Miralex and Gatorade or Miralex and substitute mix.
- Try to drink one 8-ounce cup every 15-20 minutes. If nauseated, slow down.
- Aim to finish up by 10PM at the latest.

10PM-Midnight:

- Continue drinking only clear liquids.
- Stay close to the bathroom!!

Day of the Procedure:

- Nothing to eat or drink prior to the procedure (no water, coffee, candy, gum). No breakfast.
- Take only your approved daily medications with a few sips of water.
- Arrive at procedure site as instructed. Expect some down time prior to your procedure.
- Make sure to have someone drive you home from the procedure.
- Colonoscopy typically takes about 30 minutes. Expect to leave 30 minutes after procedure is completed.
- Enjoy your post-procedure meal!

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You are scheduled to have your procedure performed at the **Center for Ambulatory and Minimally Invasive Surgery (CAMIS), which is an *Ambulatory Surgical Facility*, not an office.** Whether or not this facility is in-network with your insurance carrier, you may have out-of-pocket costs which come from annual deductibles, co-insurance, and co-pays.

We will obtain any necessary prior authorizations for your procedure; however, this does not guarantee payment. **Please check your benefits with your insurance carrier(s) for this procedure.**

To help you better understand your benefits when calling your insurance carrier, the following is a check-list of important questions to ask.

If you are having a **screening colonoscopy, please be sure you have **routine screening** benefits which can differ from medically necessary colonoscopies.

Is the facility in network with my insurance carriers?

Please note, even if your doctor participates with your insurance carriers, CAMIS may not. It is your responsibility to verify your coverage with ALL your insurance carriers.

Do I have a facility–based deductible?

If so, you may be asked to bring a portion of this deductible the day of the procedure. CAMIS will call you prior to your appointment to notify you of this. If a payment plan would be helpful, please let them know at the time of this phone call.

Am I responsible for any co-insurance?

For example, some policies cover 80%, leaving the patient responsible for 20%, which is your co-insurance. If you have any co-insurance responsibility, you may be asked to bring a portion of this amount the day of the procedure. CAMIS will call you prior to your appointment to notify you of this. If a payment plan would be helpful, please let them know at the time of this phone call.

Do I have a facility co-pay?

If so, **this is due on the date of the procedure.**

Do I need a referral?

Please make sure all referrals are up-to-date. If you are scheduled for a second procedure on another day, a second referral may be required.

Pre-Existing Condition Clauses – What are they and do they apply to me?

Often, "pre-existing condition clauses" are a concern. If there has been a lapse in coverage for a specific amount of time and your current insurance policy has a "pre-existing condition clause," your insurance company may deny payment for this reason. If this payment is denied based on a "pre-existing condition clause," you will be personally responsible for payment of services rendered. To avoid this situation, please check with your insurance carrier if such a clause exists with your policy. When there is only a small gap in coverage, or no gap between policies, providing your current insurance carrier with "proof of prior coverage," also known as a "certificate of credible coverage" can be a simple way to avoid unpaid claims.

As always, if you have any questions or concerns, please feel free to call us at (732) 370-2220.

KNOW YOUR BENEFITS!!!

You must call your insurance company prior to your procedure to KNOW YOUR BENEFITS.

You will be responsible for any DEDUCTIBLES and **CO-INSURANCE** associated with your particular insurance plan. DO NOT assume "in-network" means you will be 100% covered.

Form 34

COLONOSCOPY: SCREENING, SURVEILLANCE OR DIAGNOSTIC?

Your insurance policy may be written with different levels of benefits for preventative versus diagnostic or therapeutic colonoscopy services. This means there are instances in which you may think your colonoscopy will be billed as a "screening" when it actually has to be billed as therapeutic. How can you determine what category your colonoscopy falls into?

COLONOSCOPY CATEGORIES:

Diagnostic/Therapeutic Colonoscopy: Patient has past and/or present gastrointestinal symptoms, polyps, GI disease, iron deficiency anemia and/or any other abnormal tests.

Surveillance/High Risk Screening Colonoscopy: Patient is asymptomatic (no gastrointestinal symptoms either past or present), has a personal history of GI disease, colon polyps, and/or cancer. Patients in this category are required to undergo colonoscopy surveillance at shortened intervals (every 2-5 years, for instance).

Preventative Colonoscopy with Screening Diagnosis: Patient is asymptomatic (no gastrointestinal symptoms either past or present), over the age of 50, has no personal or family history of GI disease, colon polyps, and/or cancer. The patient has not undergone a colonoscopy within the last 10 years.

Your primary care physician may refer you for a "screening" colonoscopy, but there may be a misunderstanding of the word screening. You must have no symptoms at all for your colonoscopy to be billed as a screening service.

Before your procedure, you should know your colonoscopy category. After establishing which one applies to you, please call your insurance company to find out your coverage for this service as well as and what your out-of-pocket responsibility, if any, will be.

Can the physician change, add, or delete my diagnosis so that it can be considered eligible for a screening colonoscopy? No. The patient encounter is documented in your medical record from information you have provided as well as what is obtained during your pre-procedure history and assessment. It is a binding legal document that cannot be changed to facilitate better insurance coverage. Patients need to understand strict government and insurance company documentation and coding guidelines prevent a physician from altering a chart or to bill for the sole purpose of coverage determination. This is considered insurance fraud and punishable by law with fines and/or jail time.

What if my insurance company tells me the doctor can change, add, or delete a diagnosis or procedure code? Sadly, this happens a lot. Often, the representative will tell the patient "if the doctor had coded this as a screening, it would have been covered differently". However, further questioning of the representative will reveal the "screening" diagnosis can only be amended if it truly applies to the patient. Remember, many insurance carriers only consider a patient over 50 with no personal or family history, as well as no past or present gastrointestinal symptoms as a "screening." If you are given this information, please document the date of the call as well as the name and phone number of the insurance representative you spoke with. Next, contact our billing department. We will investigate the information given.

YOU MUST TAKE YOUR MORNING PREP!

IF YOU SKIP THIS STEP, YOUR COLON WILL NOT BE CLEAN AND IT WILL COMPROMISE THE ACCURACY OF YOUR PROCEDURE.

PLEASE, DO NOT FOLLOW DIRECTIONS ON PACKAGING OF PREP!

FOLLOW ONLY THE DIRECTIONS SUPPLIED BY ADVANCED GASTROENTEROLOGY