

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: _____

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 Ombudsman
<http://www.medicare.gov/Ombudsman/activities.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

Witness Signature

Date: _____

**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.
- 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

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:

- Your insurance ID card (s)
- 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

UPPER ENDOSCOPY INFORMATION AND PREPARATION

Patient Name: _____

Today's Date: _____

Procedure Date: _____

To help you determine your medical treatment, you have been asked to undergo an upper endoscopy (esophagogastroduodenoscopy). This is an examination of your esophagus, stomach, and first two portions of the duodenum (small intestine).

As you will receive sedative medication, please be sure to arrange to have someone pick you up after your procedure. You will not be able to drive a car or perform complex activities after receiving sedation.

Five days prior to your procedure, stop all herbal supplements (such as ginkgo biloba, St. John's wort, fish oil, etc.), vitamin E, and anti-inflammatories (such as Advil, Motrin, Aleve, or Excedrin). If you take Coumadin (warfarin), Plavix (clopidogrel), or diabetic medications, please make sure you have received instructions from your prescribing doctor. **DO NOT STOP ANY MEDICATIONS UNLESS INSTRUCTED BY YOUR DOCTOR.**

For the best possible examination, the upper gastrointestinal tract must be completely empty of food and liquids. Please do not eat or drink anything after midnight the night before your procedure and then not again until after your endoscopic examination. **TAKE ONLY YOUR APPROVED MEDICATIONS WITH A TINY SIP OF WATER AT LEAST TWO HOURS PRIOR TO YOUR PROCEDURE.**

The doctor will describe any special instructions in addition to those above. If you have any questions, please contact our office at (732) 370-2220.

Special Instructions: _____

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.