

## PREMIER SURGICAL CENTER

2130 Vindale Rd. Tavares, FL 32778 Phone: 385-385-7171 [Gastrobay.com](http://Gastrobay.com)

### Patient's Rights and Responsibilities

#### 1. The patient has the right to:

- To be given information to patients and prospective patients that the service bundle information is a non-personalized estimate of costs that may be incurred by the patient for anticipated services and those actual costs will be based on services actually provided to the patient.
- To be given information to patients and prospective patients of their right to request a personalized estimate from the center.
- To provide names, addresses, and phone numbers of health care practitioners and medical practice groups contracted to provide services within the center, grouped by specialty or service.
- To be given information to patients to contact the health care practitioners anticipated to provide services to the patient while in the center regarding a personalized estimate, billing practices and participation with the patient's insurance provider or health maintenance organization (HMO) as the practitioner may not participate with the same health insurers or HMO to the surgery center.
- To be given information patients of the center's financial assistance policy, charity care policy, and collection procedure.
- To be given a list of names, addresses, and phone numbers of health care practitioners and medical practice groups contracted to provide services within the center, grouped by specialty or service.
- To be given upon request and in advance of treatment, whether the healthcare provider and /or healthcare facility accepts the Medicare Assignment Rate.
- To be given, upon request, full information and necessary counseling on the availability of known financial resources for their care.
- To receive a copy of a reasonably clear and understandable itemized bill and, upon request and explanation of charges.
- To be treated with courtesy and respect, appreciation of their individual dignity and protection of their need for privacy.
- To a prompt and reasonable response to questions or requests.
- To know who is providing medical services and who is responsible for their care.
- To know what rules And regulations apply to their conduct
- To be given information concerning their diagnosis planned course of treatment, alternatives, risks and prognoses by the healthcare provider.
- To refuse treatment except as mandated by law.
- To receive impartial access to medical treatment or accommodations regardless of race, national origin, religion, physical handicap or source of payment.
- To receive treatment for any emergence medical condition that will deteriorate from failure to provide treatment.
- To express grievances regarding any violations of their rights to the appropriate State Licensing Agency, as stated in Florida Law, through the grievance procedure of the healthcare provider of facility that provided services to them.
- To participate in all aspects of healthcare decision-making, unless it is contraindicated by concerns for their health.
- To appropriate assessment and management of pain.
- For providing to the healthcare provider, to the best of their knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to their health.
- For reporting changes in their condition to the healthcare provider.
- For reporting to the healthcare provider whether they comprehend a contemplated course of action and what is expected of them.
- For following the treatment plan recommended by the healthcare provider.
- For keeping appointments and for notifying the facility when they are unable to do so for any reason.
- For following conduct and respect of facility staff and property.

## ●Premier Surgical Center Patient Rights and Responsibilities●

●I do not have any cash, jewelry, documents or valuables of any kind on me. By signing, I am confirming that the above is true and I will not hold Premier Surgical Center or any of its staff responsible for any lost/stolen items belonging to me.

Initials: \_\_\_\_\_

●Dr. Lal Nagabhairu owns the facility. You have a right to use a healthcare facility other than Premier Surgical Center if you choose. You will not be treated differently by your physician if you choose a healthcare facility other than Premier Surgical Center.

Initials: \_\_\_\_\_

●Do you have an advanced directive or living will? Yes \_\_\_\_\_ No \_\_\_\_\_ Initials: \_\_\_\_\_ If no, do you want information on advanced directives or living wills? Yes \_\_\_\_\_ No \_\_\_\_\_ if you do, information will be provided.

●In the event of a medical emergency or other life threatening situation, resuscitation, will be instituted in every instance and patients will be transferred to a higher level of care. Any previously formulated advanced directive will not be honored at this facility. If for any reason you disagree with this policy, please discuss your concerns with your physician prior to the procedure.

Initials: \_\_\_\_\_

●Under federal law, your patient health information is protected and confidential. Patient health information includes information also includes payment, billing, and insurance information. We use health information about you for treatment, to obtain payment and for health care operations, including administrative purposes and evaluation of quality of care that you receive. Under some circumstances, we may require to use your information to contact you with appointment reminders. We may also contact you to provide information about treatment alternatives of the health-related benefits and services that may be of interest to you. If you choose to sign and authorize disclosure of information, you can later revoke that authorization to stop any future uses and disclosures. You have the right to request restrictions, confidential communication, inspect and obtain copies, amend information, to provide this notice and to abide by the terms of this notice currently in effect. We may change our policies at any time.

Initial: \_\_\_\_\_

●For my safety, at all times, while going through my procedure/surgery, I will request the help of a healthcare provider should I need to get out of my position until the time of discharge. A healthcare provider will escort me to my vehicle in my wheelchair after my procedure/surgery. By signing, I will not hold Premier Surgical Center or any of its staff responsible for any injuries occurring related to this policy not being followed.

Initial: \_\_\_\_\_

●A new Florida law (HB 451 which will become FS 456.44(7)) requires us before prescribing anesthesia or prescribing, ordering, dispensing, or administering an opioid drug listed as a Schedule II controlled substance for the treatment of pain to consider other non-opioid alternatives and discuss advantages and disadvantages of non-opioid alternatives. A pamphlet is available for you to have and review upon request.

Initial: \_\_\_\_\_

●I have reviewed a copy of my Patient Rights and Responsibilities. I may have a copy if requested.

Initial: \_\_\_\_\_

By signing below, I am acknowledging that I have read and understand the above statements, have been made aware that I may request more information on the above mentioned topics, policies and laws at any time.

Patient Name: \_\_\_\_\_ Patient Signature: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Sticker

## Advance Beneficiary Notice of Noncoverage (ABN)

**NOTE:** If Medicare doesn't pay for D. \_\_\_\_\_ below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the D. \_\_\_\_\_ below.

D.	E. Reason Medicare May Not Pay:	E. Estimated Cost

**WHAT YOU NEED TO DO NOW:**

- Read this notice, so you can make an informed decision about your care.
  - Ask us any questions that you may have after you finish reading.
  - Choose an option below about whether to receive the D. \_\_\_\_\_ listed above.
- Note:** If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

**G. OPTIONS:** Check only one box. We cannot choose a box for you.

**OPTION 1.** I want the D. \_\_\_\_\_ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

**OPTION 2.** I want the D. \_\_\_\_\_ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**

**OPTION 3.** I don't want the D. \_\_\_\_\_ listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

**H. Additional Information:**

**This notice gives our opinion, not an official Medicare decision.** If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

<b>I. Signature:</b>	<b>J. Date:</b>
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**CMS does not discriminate in its programs and activities. To request this publication in an alternative format, please call: 1-800-MEDICARE or email: [AltFormatRequest@cms.hhs.gov](mailto:AltFormatRequest@cms.hhs.gov).**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

The Notice of Patient Privacy Practices (NPPP) describes how medical information about you may be used and disclosed, and how you can get access to this information. It explains that we may not disclose your medical information to any individual without your consent.

I acknowledge that I have received the HIPPA Notice of Patient Privacy Practices (NPPP) issued by Premier Surgical Center LLC.

I AUTHORIZE Premier Surgical Center LLC to provide the individual(s) listed below with all medical data/information they may request concerning my medical condition.

<u>Name</u>	<u>Relationship</u> (spouse, son, daughter, friend, etc.)
1. _____	_____
2. _____	_____
3. _____	_____

_____ Patient Signature (or Legal Representative)	_____ Date	
_____ Print Patient or Legal Representative Name	_____ Relationship to Patient	
_____ Witness / Employee Signature	_____ Date	_____ Time

**ACKNOWLEDGEMENT/CONSENT NOT OBTAINED BECAUSE:**

Patient, or legal representative, declined Notice of Patient Privacy Practices

Other (briefly describe); \_\_\_\_\_

Employee Signature: \_\_\_\_\_

**Official Use Only**

Section E: Accounting of Disclosures		
Date	Entity	Information Disclosed
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Patient ID

Please complete this form to help the anesthesiologist and clinical staff provide better care for you on the day of your procedure. (PLEASE PRINT)					Please List all Medications, do not write "see list"		
Check yes or no	YES	NO	Check yes or no	YES	NO		
Loose Teeth			History of nausea				
Dentures/Partials			History of heartburn				
Glasses/Contacts			Hiatal Hernia				
Use a Mobility Aid			MRSA				
Glaucoma			HIV/AIDS				
Cataracts			History of Tuberculosis				
Seizures			Hepatitis Circle: A B C				
Black Outs (Syncope)			Kidney Trouble				
Stroke			Prostate Problems				
High Blood Pressure			Diabetes				
Heart Attack			Thyroid Trouble				
Angina (chest pain)			Blood Clotting Problems				
Irregular Heartbeat			History of Bleeding/Anemia				
Palpitations			Sickle Cell Disease				
Heart Failure			Jaundice				
Stents			Previous Problems with Anesthesia				
Valve Replacements			Family history of problems with anesthesia				
Rheumatic Fever			High fever after anesthesia				
Shingles			Any Head, Neck, or Back problems				
Bronchitis			History of Anxiety or Depression				
Asthma			<b>Other problems:</b>				
COPD			Stress Test in the last 18 months?				
Emphysema			Test completed at:				
Shortness of Breath			Do you have a pacemaker/defibrillator?				
Sleep Apnea			Brand:				
Do you use a CPAP/Bi-PAP			Cardiac cath in the last 18 months?				
Do you currently smoke			Test completed at:				
Have you ever smoked			Echocardiogram in the last 18 months?				
History of drug/alcohol abuse			Test completed at:				
List your Drug Allergies			List Past Surgeries			Office use Only	
						BP	/
						P	
						R	
						T	
						SpO2	
						Ht/ WT/ BMI	/ /
						FSBS	
						IV Site	
						Cath Size	
						Fluids	
						Time/BY	/
						Arm Precaution	Y/N L/R
						INR	HCG: pos neg

Patient Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Signature \_\_\_\_\_

Signed \_\_\_\_\_ M.D./CRNA

## Understanding Colonoscopy and EGD Billing

Subject to Four bills for one procedure

They will be as follows:

1. Facility Charge (The place where your procedure is scheduled).
2. Physician Charge for the procedure itself.
3. Anesthesia Charge
4. Lab Charge (for testing or if biopsies are taken).

**Gastro-intestinal Consultants of Central Florida and Premier Surgical Center** makes every effort to call your insurance company to verify coverage for your procedure. This is no guarantee of payment from your insurance company. **It is the patient's responsibility** to know the coverage of your policy. If you have questions regarding the coverage of your procedure, you will need to contact your insurance company directly. **Gastro-intestinal Consultants of Central Florida and Premier Surgical Center** can only estimate charges incurred for our Physicians' and anesthesia services. If you have questions regarding any of the above mentioned charges, please contact your insurance company or our billing department (352) 383-7703.

### Screening Colonoscopy

A screening colonoscopy is usually covered 100% under your insurance preventative benefit. HOWEVER, while the doctor is performing your screening, he may find a polyp. He may at that time remove the polyp and have it sent for biopsy. While the main colonoscopy code should still be covered by your preventative benefit, there may be a portion that the patient may owe for that polyp and/or biopsy.

OR

### EGD (Upper Endoscopy)

An EGD is not covered 100%. Depending on your insurance plan you will be responsible for your deductible co pay or coinsurance. The portion you are responsible for will be collected at the time of your procedure. Any money collected upfront is only for the surgical facility. You will still receive your bill for the anesthesia and doctor.

Patient Signature-Signature on File

## SELF PAY PROCEDURE RATES

### EGD

DR FEE	\$200
ANESTHESIA	\$150
PSC	\$400

\$750 COLLECT 2 CHECKS (\$350 FOR GI AND \$400 FOR PSC)

### COLONOSCOPY

DR FEE	\$300
ANESTHESIA	\$150
PSC	\$450

\$900 COLLECT 2 CHECKS (\$450 FOR GI AND \$450 FOR PSC)

### COLONOSCOPY & EGD

#### COLONOSCOPY RATE

DR FEE	\$300
ANESTHESIA	\$150
PSC	\$450

Total for Colonoscopy (Colonoscopy & EGD) - \$900

#### EGD RATE

DR FEE	\$100
ANESTHESIA	\$75
PSC	\$200

Total for EGD (Colonoscopy & EGD) - \$375 As 2nd Procedure Reduced By 1/2 For Multi Procedure, Same Day Of Service

**TOTAL FOR COLONOSCOPY AND EGD is \$1,275.00**

Collect 2 Checks (\$625 For GI And \$650 For PSC)