Cary Gastroenterology Associates
UPPER ENDOSCOPY (EGD) CONSENT FORM

Your physician has recommended that you undergo a procedure called an Upper Endoscopy (EGD). An upper endoscopy is a procedure that enables the physician to see the lining of your esophagus, stomach and the part of your intestines called the duodenum. These areas are examined with a lighted flexible tube, slightly smaller than your little finger, called a gastroscope. For the endoscopic examination, the physician may apply a medication to numb your throat. You will be given a sedative injection that will relax you before the tube is inserted. The physician will then insert the flexible tube through your mouth and into your stomach in order to look at the lining of your esophagus, stomach and duodenum. If any abnormalities are detected, the areas will be photographed and biopsies may be taken.

As with any examination, certain risks exist. These include but are not limited to: bleeding, perforation, medication reactions, life threatening events, dental damage and missed lesions. With this procedure a perforation of the esophagus, stomach or duodenum may occur if the flexible tube punctures these organs. A puncture of the stomach or bleeding at the biopsy site may occur from biopsy forceps. Bleeding can be stopped from special instruments. Rarely, blood transfusions and/or surgery may be required in these situations. Some discomfort, such as a sore throat, may also be associated with swallowing the tube. Medication reactions and life threatening events are rare occurrences and you are monitored closely for them during and following the procedure. As with many tests, it is not perfect and lesions can be missed. Every effort is made to minimize chances of these risks**.**

For certain conditions such as a stricture of the esophagus, dilations may be performed. This does carry a small risk of puncture of the esophagus. If a puncture occurs, this may need to be treated with antibiotics, urgent surgery and hospitalization.

If you have any questions or concerns about this procedure, they will be answered for you before you sign this form.

I certify that I have read/been informed and understand the contents of this informed consent. In addition, all of my questions have been answered; and all complications, risks, and benefits have been explained to my satisfaction.

I hereby authorize Dr. _____and/or such assistants as may be selected by him to perform the above mentioned procedure on _____.
Name of Patient

_____ _____
Patient Signature Date

Cancellation and rescheduling fees will be assessed. Please ensure understanding of Cary Gastroenterology's policies for cancelling and rescheduling appointments.

06/2012

Raleigh Endoscopy Center Patient Health History Sheet:

Please fax this form to the endoscopy center location to which you have been assigned (listed below)

at least 2 weeks prior to exam date

Locations:

Main: 2417 Atrium Dr. (Fax)919-791-2061 **North:** 8300 Healthpark (Fax)919-256-7981 **Cary:** 1505 SW Cary Parkway (Fax)919-792-3061

Patient Name_____ Date of Birth_____ Procedure Date_____

Primary Care Physician_____ **Height**_____ **Weight**_____

**********DRIVER MUST REMAIN WITH YOU AT THE ENDOSCOPY CENTER AT ALL TIMES**********

Allergies: Medication and Food Allergies(Please List Below): Include any allergy to eggs or soy

Name of medication/Food	**Reaction** to Medication/Food
1._____	_____
2._____	_____
3._____	_____

MEDICATIONS: LIST ALL (BOTH PRESCRIPTION & NON PRESCRIPTION, ALSO All SUPPLEMENTS & VITAMINS):

MEDICATION NAME	DOSE TAKEN	FREQUENCY	REASON TAKEN
1._____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. Do you take a blood thinner?	Yes	No	Name:_____

Do you have any of the following? IF YES-contact your GI physician's office for further evaluation

Trouble Breathing or Anaphylaxis to Latex or Rubber Products?	Yes	No
Oxygen at Home to Help You Breath?	Yes	No
A Letter Stating You Are Difficult to Intubate?	Yes	No
Problems with Anesthesia (if so explain)	Yes	No _____
An Implanted AICD for Your Heart?	Yes	No
Currently Pregnant or Breast Feeding?	Yes	No

Have You Ever Been Diagnosed With the Following: (Please Circle if You Have Had or Currently Have)

Congestive Heart Failure	Colon Cancer	Seizures (date of last) _____
Irregular Heart Beats	Cirrhosis	Stroke/TIA/CVA (date of last) _____
Chest Pain/Angina	Liver Disease	Infectious Diseases (type)_____
Heart Attack (Date)_____	Hepatitis(type)_____	Bleeding/Clotting Disorder (type)_____
Heart Stents (number) _____	Colostomy Bag	Cancer(type) _____
Shortness of Breath	Colitis/Crohns	Chemotherapy or Radiation: Dates_____
Sleep Apnea	Anemia	Shingles
COPD	C. Difficile	HIV/AIDS
Kidney Failure/Dialysis	Diabetes	Do you smoke?_____ Alcohol per week_____
High Blood Pressure		

Other/Misc : (please list) _____ _____ ___

Surgeries: Please List All Major Surgeries

1._____	**4.**_____
2._____	**5.**_____
3._____	**6.**_____

Coding Your Procedure

Your procedure will be coded based upon documentation from your physician during the procedure, which may not be covered by your insurance carrier at 100%. If abnormal findings such as a polyp or lesion are detected and removed, the service may then be considered diagnostic by your insurance carrier. Please be aware that you will be responsible for any expenses not covered by your insurance carrier and that the diagnosis code will not be changed in an attempt to reduce out of pocket expenses.

Deposits for procedures and/or pathology will be required. Deposits are nonrefundable for procedures not cancelled per cancellation policy, and will be applied towards any out of pocket expenses. Questions regarding specific portions of your bill can be addressed as follows:

Physician	Cary Gastroenterology	(919) 816-4948
Facility fees	Raleigh Endoscopy Center	(919) 792-3060
Anesthesia	Carolina Sedation Services	(866) 809-1220

Cancelation Policy

Cancelling Your Procedure – You must provide at least **3 business days notice** to cancel your procedure. Procedures that are not cancelled with proper notice will be charged a cancellation fee of $100.00. Deposits for procedures that are not cancelled per this policy are nonrefundable.

No Shows – Procedures - Failure to show for a procedure without a cancellation call to us will result in a "No Show" charge of $100.00. Deposits for procedures that are "no showed" per this policy are nonrefundable.

Notice of Patient Rights

Cary Gastroenterology provides Notice of Patient Rights to you for both Cary Gastroenterology and Raleigh Endoscopy Centers. These documents can be located at www.carygastro.com; Procedures; Paperwork; Notice of Patient Rights.

RSA
Raleigh Sedation Associates, LLC

Frequently Asked Questions

Just had your procedure? Now what?

Ideally, your insurance will process everything correctly the first time around so you won't need to worry about anything. In the unfortunate case that they do not, we will send a letter with a statement and a form to sign so that we can assist in getting your balance reduced or eliminated.

Do I need to file anything with my insurance provider?

As a courtesy to you, the bills for your anesthesia services will be filed to your insurance company. We have accepted assignment of these benefits and your insurance company should send the payment directly to our office. If we have a secondary insurance on file for you, we will file a claim for the amount not paid by your primary insurance. If there is no secondary insurance on file, then we will send you a bill for the co-payment due as determined by your insurance company.

My insurance sent me a check, what should I do?

If your insurance company sends payment directly to you, you may either endorse the check **OR** write a personal check for the amount received and send it to the address listed below.

Raleigh Sedation Associates
P O Box 865619
Orlando, FL 32886-5619

What insurance providers do you participate with?

We accept any insurance that the facility where you are having the service accepts. Because we are an ancillary provider, we typically do not need to contract separately with your insurance to be processed in-network (several BCBS plans are the exception). We contract with all federal (Medicare, Tricare) and state plans (Medicaid).

In the event that we are not a participating anesthesia provider within your insurance plan, we will work with your insurance company to insure that **you are not penalized** for our non-participating (out-of-network) status. The maximum amount that you will owe will be your participating (in-network) benefit rates. Please contact us if you have **ANY** concerns.

What if my insurance provider participates with the endoscopy center but not with RSA?

We accept any insurance that the center accepts. Anesthesia providers are considered ancillary providers and because of this, regardless of our network status, most insurances will process the claim as though we are in network. Plan types typically have a plan provision that states ancillary providers (such as radiologists, anesthesiologists and pathologists) will be processed under your in-network level of benefits as long as the facility is in-network. We work directly with your insurance regarding the amount and will not hold patients responsible for any out of network or pricing differences. On occasion, the insurances do not process payments correctly the first time around so we may need your assistance by signing a form in order to reduce or eliminate your responsibility. We will contact you if this is necessary.

How to read your patient statement

Column 1: Dates

The first line item will be the date of service. All other line items will be the date a payment or adjustment was taken.

Column 2: Description of service

This is where you see the service billed for, the provider who performed the service, and any information regarding payments and adjustments.

Column 3: Financial amounts

These are the costs for what is described in column 2.

Columns 4 & 5: Balances

These are any balances on your account to be paid by your insurance (Column 4) or you (Column 5).

We advise you to pay close attention to the message at the bottom of the statement. This message often provides important information such as to whether the balance can be further reduced, or what to do in the case you receive a check from your insurance provider that needs to be forwarded so that an adjustment can be made.

How to read your Explanation of Benefits (EOB)

Your EOB is plan specific, so please contact us directly so that we can address your specific questions over the phone. If we are notified of a denial, we will send you notices explaining your benefits and appeal rights. These letters are insurance specific and typically explain what needs to be done to have the balance reduced or eliminated.

Your EOB may identify:

- The patient and the service provided
- The amount charged by the provider
- The amount of the charges that are covered and not covered under your plan
- The amount paid to your provider
- The amount you're responsible for

Remember that your EOB is not a bill, it just explains what was covered by insurance. Your provider may bill you separately for any charges you're still responsible for. You may receive a few EOB's over time if your claim is being appealed.

How much does anesthesia cost?

Providing an estimate is quite difficult for anesthesia because processing is based on time or charged amount and is plan specific. If your service is a screening procedure, most plans will cover this at 100% of their allowed amount. Exceptions to this include some BCBS plans and grandfathered commercial plans. We are happy to assist when possible, however, due to the number of insurance plans, we suggest that you contact your insurance company if you have specific question regarding your individual coverage. If you are not covered by your insurance and required information regarding self-pay rates, please contact us.

Why did I receive multiple bills for the same procedure?

The procedure you had has 3 (three), possibly 4 (four) separately billable components that consist of:

1. The professional services of the gastroenterologist
2. **The professional & medical services of the anesthesiologist / anesthetist**
3. The facility fee (for use of the surgery center)
4. Pathology/lab fees (if you have polyps removed or biopsies taken)

Each of these services is provided under separate entities/companies and cannot answer billing questions for the other, so please contact the appropriate company for your questions. We can address all questions related to #2.

When is payment due?

Payment is due within 10 days of receipt of the statement, however we do accept payments in installments. If you would like to pay in installments, please notify us by contacting us directly.

What forms of payment do you accept?

We accept credit cards and checks. You can pay online using our payment portal.

If you would prefer to pay over the phone, please contact us at **1-888-337-3509** or **1-919-324-1680**.

Alternatively, you can mail a check to:

Raleigh Sedation Associates
P O Box 865619
Orlando, FL 32886-5619