

Patient Name:

Procedure:

Physician:

Location:

Date:

Arrival Time:

Procedure Time:

Please read the entire pre instructions at least one week before your procedure. If you have any questions, please call our office:

Office Number: **859-341-3575**

Procedure Scheduling: **859-655-4480** between 8 AM and 4:30 PM

Ambulatory Surgery Center: **859-655-4475** between 6 AM and 2:30 PM

Please note that not following these instructions may result in cancellation/rescheduling of the procedure. Please contact the office if there have been any changes in your medical condition from the time you had scheduled your procedure to the date of your procedure (including but not limited to heart attack, stroke or beginning taking blood thinning medication). **Not doing so may result in cancellation of your procedure.**

If you are unable to keep your appointment, please provide at least 72-hours notice. **Not doing so will result in a \$100 cancellation/no show fee.** If you have had an upper respiratory infection (i.e. sinus infection, Covid-19, Flu A or B, bronchitis) within 14 days of your procedure, please call to reschedule. Not doing so may result in a cancellation the day of the procedure. To cancel you may call our CANCELLATION LINE at 859-655-4580 and leave a message. You may also call 859-655-4480 to speak with Procedure Scheduling.

**IF YOU TAKE BLOOD THINNING MEDICATION:** We are verifying with the ordering provider that you may hold your blood thinner. Please wait until you hear from us before stopping your medication. The scheduling department will call you to confirm once we have received the clearance from the ordering provider. After that has been completed:

**Take your last dose of \_\_\_\_\_ on \_\_\_\_\_.** (You will be instructed when to resume your blood thinner following your procedure.

**On the day of your procedure:**

- **Please** arrive at the time assigned to you (this is not the same as your procedure time).
- **Take** your routine medications unless you have been instructed otherwise
- This procedure is performed **without** sedation, therefore, you may drive yourself to and from your procedure.
- There is no bowel preparation for this procedure.
- You may have regular meals on the day of your procedure.
- Please wear loose fitting, comfortable clothing, and low-heeled shoes.

- If you wear glasses, these will be removed before your procedure. A basin will be provided, but you may bring a case if you would like.
- **Please leave your valuables at home; we are not responsible for broken or lost items.**
- Please note that every procedure experience is different and this one may not be the same as your experience with other procedures.

#### **About the facility:**

**Patient entrance is under the lower-level canopy.** There is not an entry from the upper-level to the lower level. The facility doors open at 6:15 AM M-F

Wi-Fi and a television are present in the waiting area. Please be advised no photography or video recording may take place in the patient care areas.

**We are a NON-SMOKING campus (inside and outside the facility)**

#### **After the Procedure:**

- You should not have any pain when you leave the office. You may feel a sense of fullness in the lower bowel passage. Some spotting is normal.
- Please rest at home on the day of your procedure. You should be able to return to your normal activity the day after your procedure. You should receive a call from our staff the next business day.
- If you are NOT experiencing problems, you DO NOT have to return this call. If you are having problems or questions, please call 859-341-3575 or in the event of an emergency call 911.

#### **Advance directives**

This serves as your notice that this facility does not honor “Do Not Resuscitate” (DNR) directive in an advanced directive. If you do not agree with this policy, let us know and you may be scheduled at another location.

### **WELCOME TO ENDOSCOPY CENTER**

**Physician Ownership Disclosure:** Tri-State Digestive Disorder Center, ASC is owned and operated by Tri-State Gastroenterology Associates, therefore, your physician may have a financial interest in this facility.

#### **Insurance:**

If you have insurance coverage, your insurance company will receive two separate claims. One for the physicians which will also include a charge for any biopsies or specimens collected and one for the Facility fee. Your insurance company may also receive claims from independent laboratory, anesthesia, and pathology. As with your insurance company, you may receive bills for any remaining balance and /or outpatient deductibles and co-pays, resulting from the facility fee, physicians fee, an independent laboratory, anesthesia and pathology.

#### **Procedures available:**

TSDDC performs procedures, such as:

- EGD
- Esophageal Dilation
- Colonoscopy
- Flexible Sigmoidoscopy
- Small Bowel Enteroscopy
- Liver Biopsy
- Gastronomy tube replacement
- Hemorrhoid banding
- EUS (Endoscopic Ultrasound)
- Endoscopic capsule placement

#### **Licensure and accreditation:**

TSDDC is licensed by the Commonwealth of Kentucky as an Ambulatory Surgery Center (ASC) and is accredited by the Accreditation Association for Ambulatory Healthcare (AAAHHC). We are also certified by the centers for Medicare and Medicaid Services (CMS) as a participant in a Medicare program. TSDDC was recognized by the American Society of Gastrointestinal Endoscopy (ASGE) for promoting quality in endoscopy.

#### **Physician credentials:**

- All physicians providing care at TSDDC are board eligible or board certified by the certifying board of gastroenterology and approved and credentialed by the governing board of TSDDC.

#### **Summary of Patient rights – further information available at facility**

- To be considerate, respectful, and receive quality care
- To be informed of all available services and to receive the services regardless of age, race, religion, sex, sexual orientation, marital status, or national origin
- To obtain complete and current medical information, including explanation of treatment and prognosis in terms that can reasonably be understood
- To receive from his/her physician, the information necessary to give informed consent prior to any procedure
- To have the right to change providers if other qualified providers are available
- To expect that within its capacity, the facility must make a reasonable response to the request for services
- To obtain information as to any relationship of this Facility to any other healthcare institution
- To refuse treatment and be informed of the consequences of this refusal
- To privacy concerning his or her medical treatment
- To refuse to participate in experimental research
- To receive an itemized copy of his or her account statement upon request regardless of source of payment
- To approve or refuse the release or disclosure of the contents of his or her medical record
- To know which Facility rules and regulations apply to his or her conduct

- To express complaints about the care and services provided, voice grievances and recommend changes in policies and services to the center's staff or nurse manager, please call 859-341-3575 without fear of reprisal. Patients will receive follow up via phone or written communication. Patients may also contact the Kentucky Board of Medical Licensure or visit: [https://link.edgepilot.com/s/e962721d/G3lpilUq\\_kiLy\\_c1pj9UIA?u=http://www.medicare.gov/Ombudsman/activities.asp](https://link.edgepilot.com/s/e962721d/G3lpilUq_kiLy_c1pj9UIA?u=http://www.medicare.gov/Ombudsman/activities.asp). Patients may also contact the Office of Inspector General at 859-246-2301 or submit in grievance in writing to:
  - Office of Inspector General - 3470 Blazer Parkway, Suite 300 - Lexington, KY40509

### **Patient responsibilities:**

- Provide information regarding health history including but not limited to: medications (including over the counter and diet supplements, allergies and sensitivities) and update changes as they occur. If any changes in your medical status arise between the time of scheduling the procedure and the procedure date, we ask that you notify our office.
- Show consideration to others by being respectful to our healthcare professionals, staff, and other patients
- Cooperate with their physicians and the facility staff, following policies and procedures
- Understand and follow the course of treatment directed and participate in care.
- Inform staff how they feel and their needs
- Discuss additional consultation
- Provide the facility with complete and updated insurance and financial information
- To provide a responsible adult (aged 18 or older) to accompany them home after sedation
- To be responsible for keeping appointments and notifying if unable to do so