

# ACADIANA ENDOSCOPY CENTER, INC.

## ***Disclosure of Ownership, Advanced Directive, Patient's Bill of Rights with Rights for Grievances / Complaints, Pathology Services Notice, Sedation Services, Screening Notice, Cancellation Policy***

Dear Patient: In order for our Facility to be compliant with State and Federal Regulatory guidelines, please acknowledge receipt of the above mentioned notices by **SIGNING AND DATING BELOW PRIOR TO THE DAY OF YOUR PROCEDURE. YOU MUST PRESENT THIS FORM TO THE RECEPTIONIST ON THE DAY OF YOUR PROCEDURE.** If this form is not signed and dated before the date of your scheduled procedure, your procedure may be denied upon your arrival. Thank you.

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**DISCLOSURE OF OWNERSHIP:** As required by law, a Physician must disclose to their patients any ownership that he or she maintains in a medical facility, specifically, when a patient of that same physician may potentially have services performed at said facility. Therefore, please note that the following Physician members of Acadiana Gastroenterology Associates, LLC have ownership interests in the named entities, Acadiana Endoscopy Center, Inc. and Precision Anesthesia of Lafayette, LLC, both with business addresses of 443 Heymann Blvd., Lafayette, Louisiana 70503; Stephen M. Person, M.D., J. Patrick Herrington, M.D., James C. Bienvenu, M.D., Richard K. Broussard, M.D., Erick A. Salvatierra, M.D., Patrick A. Laperouse, M.D. and Christopher P. Herrington, M.D.

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**LOUISIANA ADVANCED DIRECTIVE:** Advanced Directives are documents that allow you to state your healthcare preferences while you are still able to communicate them if you become incapacitated. Advanced Directives can also name another person, called a healthcare agent or proxy, to make medical decisions on your behalf, if you are unable to make them for yourself. A copy of our Advanced Directives notice has been provided to you for your review and further explanation. Your signature below will acknowledge your receipt of this notice.

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**PATIENT'S BILL OF RIGHTS with RIGHTS FOR GRIEVANCES / COMPLAINTS:** Every patient has the right to be treated as an individual with his rights respected. We want to assure that the rights of all patients coming to the Center are respected without regard to sex, culture, economic status, education, handicap, race, color, age, or religious background. By signing this form, you are acknowledging that you have received the above mentioned and the attached '**Patient's Bill of Rights**' noting your rights as a patient of our Center, your responsibilities as a patient, and your rights to **Grievances / Complaints**.

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**PATHOLOGY SERVICES:** During a procedure at Acadiana Endoscopy Center, Inc. or any other facility, there is a possibility that the attending Physician may remove a small piece of tissue (BIOPSY) for testing purposes. If a POLYP is present during the procedure, it may also be removed. Any "BIOPSIES" or "POLYPS" removed during a procedure at the facility of Acadiana Endoscopy Center, Inc. will be sent to **Inform Diagnostics** Pathology Lab. If this were to occur, please note that the patient may receive a separate statement from the Pathology Lab for those testing services.

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**SEDATION SERVICES:** We want our patients to understand our anesthesia services and their insurance benefits for anesthesia coverage. Our goal is to provide optimum sedation for your optimum safety and comfort. Your sedation plan may be no sedation, light or 'conscious' sedation, administered by a Registered Nurse as ordered by your physician, or a deeper sedation administered by a Certified Registered Nurse Anesthetist (CRNA). Please consult your health plan prior to your endoscopic procedure regarding CRNA sedation. It is important to ask if anesthesia provided by a CRNA is a covered benefit. Most health plans pay for CRNA services. If your sedation plan includes CRNA services, you will be asked to sign a consent form and possibly an Advance Beneficiary (ABN) form. The ABN is an agreement indicating that you will pay for anesthesia services if your health insurance plan denies payment for those services provided. Our CRNA services are provided by Precision Anesthesia of Lafayette, LLC. If your procedure or sedation plan requires these CRNA services, you will incur a charge billed by Precision Anesthesia of Lafayette, LLC.

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**SCREENING COLONOSCOPY VS. DIAGNOSTIC COLONOSCOPY COVERAGE:** Insurance companies will often provide SCREENING BENEFITS for routine screening colonoscopy. However, if the Physician removes a polyp or performs biopsy during your screening procedure, the procedure may be considered 'diagnostic' and may not be covered as a screening exam. If this were to occur, some insurance companies make the patient financially responsible for all or part of the procedure cost. Please refer to your individual policy terms, conditions, and coverage regarding these benefits.

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**CANCELLATION POLICY:** Your time and care is very important to us. In order for our Facility to provide exceptional care and accommodate the needs of our patients as efficiently as possible, certain time requirements have been established for each patient's procedure type. We require sufficient notice in the event of a cancellation and / or rescheduling of a procedure in order that we may accommodate other patient's needs. Please note: This Facility requires a **3 DAY NOTICE (Three Business Days) FOR CANCELLATIONS OF ALL PROCEDURES.** Acadiana Endoscopy Center, Inc. will assess a \$100.00 'late cancellation' fee towards the patient's account if notice is not received before the 3 business day limit. This fee will not be covered by your insurance company. Therefore, the fee will be billed directly to the patient. We ask that you or a family member call our Center at (337) 269-1126 between the hours of 7:00 am – 2:00 pm, Monday through Friday, for cancellations or to reschedule your procedure.

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**Signature of Patient / Acknowledgement (or Parent if Patient is a minor)**

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**Date: Must be dated prior to Scheduled Procedure**

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**Printed Name of Patient**

VersionAEC04242016, 10082018, 03062019

## **FINANCIAL POLICY**

Thank you for choosing us as your health care provider. Acadiana Gastroenterology Associates, LLC and Acadiana Endoscopy Center, Inc. are committed to making healthcare less stressful and more effective by clarifying financial responsibilities in advance. The following is a statement of our financial policy which we ask that you **read and sign where indicated below** prior to your initial office visit or procedure.

**INSURANCE AND PAYMENT POLICY:** Your insurance policy is a contract between you and your insurance company. **OFFICE VISITS:** It is very important that you contact your insurance prior to the initial office visit in order to assure that the attending Physician is covered on your plan or participating within your insurance's network. By doing so, your insurance will inform you if a referral is required or if there are any out of pocket expenses such as co-pays, co-insurance or deductibles. We are not a party of that contract. **PROCEDURES:** As a courtesy, the attending Physician's office obtains pre-certification (if necessary) for procedures at our Facility – Acadiana Endoscopy Center, Inc. Pre-certification of your procedure does not guarantee payment for services provided. **It is the patient's responsibility to verify benefits with his / her insurance,** determine if the scheduled procedure is a covered service, and to know the extent of his or her coverage(s) for services provided by the attending Physician and the Facility.

Filing your insurance is a **COURTESY ONLY**. Our office policy allows 45 days for insurance payment. **Please note:** After 45 days, you are responsible for the bill regardless of what the status is of the insurance. Payment arrangements should be made with our office prior to your scheduled procedure. All outstanding patient balances over 120 days from the original date of service without payment arrangements made will be turned over to a collections agency. If **MEDICARE / CMS** is your primary insurance, we will file all claims and accept assignment for related services. Any **deductibles and/or co-insurance are due and payable at the time of service.**

**PAYMENT METHODS:** We accept all forms of payment including Care Credit. **There will be a \$25.00 fee for all returned checks.** 'Self Pay' patients are required to pay - or make payment arrangements - for covering the estimated charges prior to any scheduled procedure.

**BILLING STATEMENTS (Physician, Facility, Pathology and Anesthesia fees):** If you will be having a procedure performed by one of the Physicians of Acadiana Gastroenterology Associates, please be aware that **YOU WILL RECEIVE SEPARATE BILLING STATEMENTS** for other services provided depending on where your procedure is performed. You will receive a statement from **Acadiana Gastroenterology Associates, LLC** for the Physician's professional services. If your procedure is performed at **Acadiana Endoscopy Center, Inc.**, you will receive a statement for Facility charges billed by Acadiana Endoscopy Center, Inc. You may also receive a statement from **Inform Diagnostics** for pathology services if biopsies (tissue specimens) or polyps are removed during your procedure. Depending upon your sedation plan, you may also incur an anesthesia charge from **Precision Anesthesia of Lafayette, LLC** for IV anesthesia services provided. If your procedure is scheduled and performed in a hospital setting, you will receive similar statements but from other service providers. If you have any questions, please call before your scheduled visit or ask any of our front office staff on the day of your appointment.

**SCREENING COLONOSCOPY VS. DIAGNOSTIC COLONOSCOPY COVERAGE:** Insurance companies will often provide **SCREENING BENEFITS** for routine screening colonoscopy. However, if the Physician removes a polyp or performs biopsy during your screening procedure, the procedure may be considered 'diagnostic' and may not be covered as a screening exam. If this were to occur, some insurance companies make the patient financially responsible for all or part of the procedure cost. Please refer to your individual policy terms, conditions, and coverage regarding these benefits.

**CANCELLATION POLICY – ACADIANA ENDOSCOPY CENTER, INC:** Your time and care is very important to us. In order for our Facility to provide exceptional care and accommodate the needs of our patients as efficiently as possible, certain 'block-time' requirements have been established for each patient's procedure type. Therefore, we require sufficient notice in the event of a cancellation and / or rescheduling of a procedure in order that we may accommodate other patient's needs. Please note: The Facility of Acadiana Endoscopy Center, Inc. requires a **3 day notice (Three Business Days) for cancellations of all procedures.** **Acadiana Endoscopy Center, Inc. will assess a \$100.00 'late cancellation' fee** towards the patient's account if notice is not received before the 3 business day limit. This fee will not be covered by your insurance company. Therefore, the fee will be billed directly to the patient. We ask that you or a family member call our Center at (337) 269-1126 between the hours of 7:00 am – 2:00 pm, Monday through Friday, for cancellations or to reschedule your procedure.

**ACKNOWLEDGEMENT:** I hereby authorize Acadiana Endoscopy Center, Inc. and Acadiana Gastroenterology Associates, LLC to furnish information to my insurance company concerning my illness and treatment for payment purposes. I hereby assign Acadiana Endoscopy Center, Inc. and Acadiana Gastroenterology Associates, LLC all payments for medical services rendered to myself or dependents. I understand that I am responsible for all charges for services rendered regardless of insurance coverage.

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**Signature of Patient / Acknowledgement (or Parent if Patient is a minor)**

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**Date:**

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**Printed Name of Patient**

# ACADIANA ENDOSCOPY CENTER, INC.

## PATIENT'S BILL OF RIGHTS

Every patient has the right to be treated as an individual with his rights respected. We want to assure that the rights of all patients coming to the Center are respected without regard to sex, culture, economic status, education, handicap, race, color, age, or religious background.

### Patient Rights:

- To receive treatment without discrimination as to race, color, religion, sex, national origin, disability, or source of payment.
- To receive consideration and respectful care from competent personnel in a clean and safe environment. To be free from mental, physical, sexual and verbal abuse, neglect, and exploitation and free from use of unnecessary restraints. Drugs and other medications shall not be used for discipline of patients or for convenience of facility personnel.
- To understand the indications for the procedure. To receive all the information they need to give informed consent for any procedure, including the possible risks and benefits of the procedure.
- To receive complete information regarding diagnosis, planned treatment and prognosis, as well as alternative treatments/procedures and the possible risks/side effects associated with treatment. If medically inadvisable to disclose to the patient such information, the information is given to a person designated by the patient or to a legally authorized individual.
- To participate in all decisions involving health care, except when such participation is contra-indicated for medical reasons.
- To refuse treatment in accordance with laws and regulations and to be told what affects this may have on their health.
- To assure safe use of equipment by trained personnel.
- To be provided privacy, confidentiality and integrity of all information and records regarding their care.
- To be provided privacy, safety and security of self and belongings during the delivery of patient care service.
- To have the right to access information contained in their medical record. To approve or refuse the release of their medical records except when it is required by law and to ask for an accounting of such.
- To be aware of fees for service and the billing process.
- To complain without fear of reprisals about the care and services that they are receiving.
- Has the right to be informed of any research or experimental projects and to refuse participation without compromise to the patient's usual care.
- The right to continuity of health care. The physician may not discontinue treatment of a patient as long as further treatment is medically indicated, without giving the patient sufficient opportunity to make alternative arrangements.
- To be informed if the facility has authorized other healthcare and educational institutions to participate in the patient's treatment. The patient also shall have a right to know the identity and functions of this institution and to refuse to allow their participation in the patient's treatment.
- To be assured that in the event of needed long-term care; this organization will provide the mechanisms to help advance the development of continuing quality care for those patients who require it.
- The right to appropriate assessment and management of pain.

## **PATIENT'S BILL OF RIGHTS - Continued**

### **Patient Responsibilities:**

- To provide accurate past and present medical history, present complaints, past illnesses, hospitalizations, surgeries, existence of advance directives, medication and other pertinent data.
- For asking questions when they do not understand something regarding their care or treatment.
- For assuring that the financial obligations for health care rendered are paid in a timely manner.
- For their actions if they should refuse a treatment or procedure, or if they do not follow or understand the instructions given them by the physician or Center employee.
- For keeping their procedure appointment. If they anticipate a delay or must cancel, they will notify the Center as soon as possible.
- For the disposition of their valuables, as the Center does not assume this responsibility.
- For showing respect and consideration to other people and property.

### **Grievances / Complaints:**

- You have the right to express any complaint or concern to the individual involved. You may file a grievance or complaint by calling the Compliance Officer at (337) 269-0963. The Center Director, Administration, or Compliance Officer will follow up with you verbally or in writing.
- You have the right to contact the Louisiana Department of Health and Hospitals (DHH) as well as, or instead of, utilizing the Center's process for filing a complaint. The telephone number is (225) 342-0138. The address is DHH, Health Standards Section, P.O. Box 3767, Baton Rouge, LA 70821-3767, located at 628 N. 4<sup>th</sup> Street, Baton Rouge, LA 70802.
- You have the right to contact the Lafayette local Ombudsman office. The Lafayette Region office address is P. O. Drawer 60850, Lafayette, Louisiana 70596-0850. The telephone number is (337) 572-8940 or (800) 738-2256. The Ombudsman Coordinator is Patricia Broussard.
- Patients who are Medicare beneficiaries please contact: Medicare LA Healthcare Review at (800) 433-4958 or <https://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/Ombudsman.html>.

The Center regards the doctor-patient relationship to be sacred requiring trust, mutual respect, and confidentiality. To that end, if you have any comment, grievance or complaint regarding the care you received by this facility or a physician or employee of this facility, please voice your concern by letter or telephone call to the address listed below. We will correct the issue you have if it is within our control, and you will receive written response. We also welcome positive comments regarding care or services received from our Center.

Acadiana Endoscopy Center, Inc.  
Attn: Kane C. Hanks - Administrator  
443 Heymann Blvd.  
Lafayette, Louisiana 70503  
(337) 269-1126

The Center will not discriminate or use any concern or reprisal against you for taking action to solve a problem or voice a concern.

# ACADIANA ENDOSCOPY CENTER, INC.

## ADVANCED DIRECTIVES

### YOUR RIGHT TO LIVING WILLS AND OTHER DECLARATIONS

#### **Advanced Directives**

Advanced Directives are documents that allow you to state your healthcare preferences while you are still able to communicate them if you become incapacitated. Advanced Directives can also name another person, called a healthcare agent or proxy, to make medical decisions on your behalf, if you are unable to make them for yourself. This is the only time Advanced Directive is used. You should speak with your healthcare provider and family about your wishes, fears and medical options. You can also change or cancel your Advanced Directive at any time. If you have any changes to your Advanced Directives, you should advise your family and healthcare provider.

The Living Will (or Living Will Declaration) and Durable Power of Attorney (or Health Care Proxy) are two types of Advanced Directives.

In order to protect the rights of its citizens, Congress passed the Patient Self-Determination Act in 1991. This law makes it clear that you have the right to make decisions regarding your medical care including the right to accept or refuse treatment and the right to make an advance directive. The law also requires health care facilities/agencies to discuss advance health care directives with you as you enter their system. That is why this information is being provided to you.

Whether or not you have an advanced directive in place will not affect the quality of healthcare you receive at Acadiana Endoscopy Center, Inc. The ambulatory care setting provides less invasive, shorter procedures to patients who are not acutely ill and can tolerate procedures in this setting. Should the patient suffer cardiac or respiratory arrest, or any life threatening condition, every effort will be made to resuscitate the patient and transfer to a more acute hospital setting. Your medical chart and a copy of any Advanced Directives will accompany you to the hospital. It is important for you to discuss your advanced directives with your physician prior to surgery to be sure he or she is aware of your wishes.

#### **Louisiana and Federal Law**

Federal Law requires an ambulatory surgery center to inform the patient of the patient's rights.

Louisiana Law gives all persons the right to control the decisions that are related to their own medical care. If you do not want to receive certain treatments or want someone other than yourself to make a health care decision, please let the ASC and your doctor know this. Louisiana recognizes two types of advanced directives, Living Will and

## **ADVANCED DIRECTIVES - Continued**

### **YOUR RIGHT TO LIVING WILLS AND OTHER DECLARATIONS**

Durable Power of Attorney for Health Care Decisions. It is up to you to decide if you want to prepare these documents.

#### **What is DNR?**

“Do Not Resuscitate” (DNR) is not the same as a Living Will or Durable Power of Attorney but is a form of an advanced directive. This is a separate document that can be placed in your chart stating health care providers should not attempt to revive you if your heart stops or if your breathing stops. The patient will be transferred to a hospital for emergency treatment.

#### **Living Will**

A living will takes effect in the event the patient is diagnosed with a terminal or irreversible condition. A living will directs healthcare workers to maintain, withhold, or withdraw “life sustaining procedures”. Life sustaining procedures are medical procedures or interventions which, within reasonable medical judgment, would serve only to prolong the dying process for a person diagnosed as having terminal and irreversible condition. This process is known as a “Declaration”. Any patient 18 years or older has a right to make a “Declaration”. This can be written, oral or non-verbal communication. It must be made in the presence of two witnesses. Witnesses must be adults but not related to you by blood or marriage or someone entitled to inherit a portion of your estate. It is your responsibility to notify your physician and the ASC prior to the date of your surgery.

#### **Durable Power of Attorney**

This document means you appoint someone to make your health care decisions for you when you can no longer do this. It is your responsibility to prepare this document if you choose to and you must notify your physician and the Center prior to surgery if you have a Durable Power of Attorney.

If you wish to present your own completed Louisiana Advance Directive upon your arrival on the day of the procedure, we will honor that agreement and add the document to your medical record. If you do not have a Louisiana Advance Directive and would like to receive information on completing one, please notify the receptionist at our ASC on the day of your procedure. Instructions and forms for completing an Advance Directive will be provided to you.

Thank you