



PATIENT ACKNOWLEDGEMENT FORM

We consider you a partner in your care. When you are well informed, participate in treatment decisions, and communicate openly with your doctor and other health professionals, you help make your care as effective as possible. Austin Gastroenterology, PA and Austin Endoscopy Center encourage respect for the personal preferences and values of each individual.

Your Rights as a Patient

- ◆ You have the right to impartial access to treatment or accommodations that are available or medically indicated regardless of race, creed, sex, national origin, age, or disability.
- ◆ You have the right to be informed about your illness, possible treatments, likely outcomes, and the right to discuss this information with your doctor.
- ◆ You have the right to know the names, professional credentials, and roles of the people treating you.
- ◆ You have the right to privacy. The Center, your doctor, and others caring for you will protect your privacy as much as possible.
- ◆ You have the right to expect that your medical records are confidential unless you have given permission to release information or reporting is required and/or permitted by law. When the Center releases records to others, such as insurers, it emphasizes that the records are confidential. The Center is in compliance with all HIPAA requirements.
- ◆ You have the right to review your medical records and to have the information explained, except when restricted by law.
- ◆ You have the right to expect that the Center will give you the necessary health services to the best of its ability. Treatment, referral, or transfer may be recommended or requested, and you will be informed of the risks, benefits, and alternatives. You will not be transferred until the other institution agrees to accept you and you have agreed.
- ◆ You have the right to know if this Center has relationships with outside parties that may influence your treatment and care. These relationships may be educational institutions, other healthcare providers, or insurers.
- ◆ You have the right to consent or decline to take part in research affecting your care. You will receive the most effective care the Center provides, whether or not you choose to participate in research.
- ◆ You have the right to be told of realistic care alternatives.
- ◆ You have the right to know about the Center rules and guidelines that affect you and your treatment.
- ◆ You have the right to know about the Center's resources that may help you resolve problems, complaints, and questions about your care.
- ◆ You have the right to considerate and respectful care.
- ◆ You have the right to request and receive an itemized statement of your charges regardless of the source of payment.
- ◆ You have the right to make statements regarding any aspect of your care – in written form or verbally. We encourage and respect your feedback.
- ◆ You have the right to be placed in a protective environment when it is deemed necessary for your personal safety.
- ◆ You have the right to participate in all aspects of your healthcare.
- ◆ You have the right to receive instructions and/or education to allow you to achieve an optimal level of wellness and an understanding of your basic needs.
- ◆ You have the right to access all health records pertaining to you. You have the right to challenge the accuracy of these records and to have your records corrected. You also have the right to transfer all such records in the case of continuing care at another facility or to another doctor.
- ◆ You have the right to receive information regarding your financial responsibilities, charges, payment plans, and insurance requirements.
- ◆ You have the right to protection of your identity to guard against identity theft.
- ◆ All patients have the right to participate in their own healthcare decisions and to make advance directive or to execute Power of Attorney that authorizes others to make decisions on their behalf based on the patient's expressed wishes when the patient is unable to make decisions or unable to communicate decisions. Austin Endoscopy Center respects and upholds these rights. However, unlike an acute care hospital setting, procedures that are scheduled in this facility are routinely considered to be elective and of minimal risk. Therefore, it is our policy that if an adverse event occurs during your treatment at this facility, we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. At the acute care hospital, further treatment or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, advance directive or Healthcare Power of Attorney. Your agreement with the policy does not revoke or invalidate any current healthcare directive or Healthcare Power of Attorney. If you do not agree with this policy, we are pleased to assist you in rescheduling your procedure. Please visit www.dshs.state.tx.us/emtraumasystems/dnr.shtm for additional information on advance directives.

Your Responsibilities as a Patient

- ◆ You are **required** to have a responsible adult accompany you to the Center who will be expected to remain with you during your stay. You will not be allowed to drive for 24 hours after sedation. Your procedure will be cancelled if you do not have a responsible adult with you.

- ◆ You are responsible for providing information about your health, including past illness, hospital stays, and use of medicines.
- ◆ You are responsible for providing correct and up-to-date information for insurance claims. You are responsible for working with the Center to arrange payment when needed.
- ◆ **Please bring a photo ID and your insurance cards with you to the Center when you arrive for your procedure. If your photo ID has the incorrect address, we will need additional proof of your identity, such as a current utility bill or other correspondence showing your current residential address.**
- ◆ You may have a co-insurance payment to pay for the Center and your physician depending on your insurance coverage.
- ◆ Co-insurance payments are payable before your scheduled procedure.
- ◆ You are responsible for completing all necessary forms related to your health care and financial responsibilities. If you are unable to comply, please request assistance from one of our staff.
- ◆ You are responsible for asking questions when you do not understand information regarding your financial responsibilities.
- ◆ You are responsible for asking questions when you do not understand information or instructions related to your health care. If you believe you cannot follow through with your treatment or treatment preparations, you are responsible for telling your doctor.
- ◆ Your health depends not just on your Endoscopy care, but also in the long term on the decisions you make in your daily life. You are responsible for recognizing the effect of lifestyle on your personal health.
- ◆ You and your visitors are responsible for being considerate of the needs of other patients and members of the staff.
- ◆ You are responsible for all your belongings, including jewelry. For your safety, please do not bring money, jewelry, or other articles of unusual value to the Center.

Understanding Your Bill

The Business Office routinely files all necessary claims to insurance companies for reimbursement. The patient, however, is ultimately responsible for payment of the bill. It is extremely important that the Center is given all the information regarding your insurance as soon as possible. The Business Office will verify and determine the nature of your insurance coverage.

You may be asked for the following:

- deposit or co-insurance payment made before or upon admission;
- payment made during Center stay; or
- other payment upon discharge.

Payment, co-insurance, and/or deposit may be made with cash, check, or credit card, such as Master Card, Visa, Discover, and American Express. Inquiries regarding payment or deposit requirements for your services may be discussed with a Business Office Representative.

Medicare requires that your Center admission and procedure be justified as a medical necessity or Medicare will not pay for your care. You have the right to appeal any written notice

that states Medicare will no longer be responsible for your bill. Please ask someone from the Billing Office to contact you if you wish to appeal a Medicare denial decision.

Austin Gastroenterology, P.A., Austin Endoscopy Center I and Austin Endoscopy Center II does not make any guarantees that any laboratory, anesthesiology or other professional services are in-network providers for your contracted insurance plan. You are responsible for any professional charges in conjunction with the services you receive at the facility whether these services are considered in or out of network with your insurance plan.

If you wish to have your statement of accounts clarified, you may call the Business Office at (512) 420-0186, ext. 1009 or 1041. Most insurance plans do not cover 100 percent of your visit. You may be expected to pay a facility fee co-insurance (depending on your insurance) prior to your procedure. If you are unable to pay the balance in full, you may make arrangements for installment payments by calling the Business Office.

Facility Ownership

In an effort to keep you fully informed regarding your health care options, Austin Endoscopy Center I and II are owned by the following:

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|------------------------|--------------------------|
| Eduardo Alcocer, MD | Craig Lubin, MD |
| Scott Becker, MD | Binh V. Pham, MD |
| Shad Dabaghi, MD | Vijay Poreddy, MD |
| Kenneth Ellis, MD | Dan Rice, MD |
| Daniel Emmett, MD | Mona Ridgeway, MD |
| Robert Frachtman, MD | Glenn Robinson, MD |
| Carl Frank, MD | Richard Sperling, MD |
| Harish Gagneja, MD | William Stassen, MD |
| Christopher Godell, MD | Stephen Utts, MD |
| C. Kevin Hsu, MD | George Willeford III, MD |
| Pradeep Kumar, MD | John Ziebert, MD |
| Chad Long, MD | Am Surg Corporation |

Complaints/Grievances

If you have a complaint regarding your care while at the Center that has not been resolved to your satisfaction, you may contact the Administrator/Chief Nursing Officer at:

Austin Endoscopy Center
8015 Shoal Creek Blvd Ste 300
Austin, TX 78757
Attn: Dana DeSapio, RN, CASC, CGRN, Administrator/CNO
(512) 371-1519

or you may contact:
 Texas Department of State Health Services
 Manager, Health Facility Compliance Group
 P.O. Box 149347, Austin, TX 78714-9347
 (888) 973-0022
 or the **Advocate for Patient Rights (Ombudsman)**
 Managing Medicare Beneficiary Ombudsman
 6800 Burleson Rd., Bldg 310, Suite 165, Austin, TX 78744
 (888) 622-9111
 or the Texas Department of Aging and Disability Services
 (800) 458-9858, www.dads.state.tx.us

I acknowledge that I have read the information contained in this document and have been given the opportunity to ask questions.

Patient or Patient Representative Signature Date

PATIENT LABEL