

Advanced Gastroenterology of Bergen County, P.A.

Gastroenterology ♦ Hepatology ♦ Gastrointestinal Endoscopy

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Suite 101-A-101B
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Main Tel: 201-945-6564
Fax: 201-461-9038

Procedure Scheduling:
201-346-9912

Billing Inquiries:
201-461-5439

YOUR APPOINTMENT IS SCHEDULED FOR:

DATE: _____ TIME: _____
To Register

DR: _____

LOCATION: ENGLEWOOD HOSPITAL OUTPATIENT-REGISTRATION

ATTENTION PATIENTS:

PLEASE READ THE ENTIRE CONTENTS OF THIS
PACKAGE AT LEAST **1** WEEK PRIOR TO YOUR
APPOINTMENT!!

FAILURE TO DO SO MAY RESULT IN
PROBLEMS WITH YOUR SCHEDULED
APPOINTMENT.

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Dear Patient:

You are scheduled to have an Endoscopic procedure at Englewood/Holy Name Hospital. There is a fee for the use of this facility, as well as a separate fee for physician's services. Please note that these procedures are not done in an office setting, but rather an outpatient hospital setting. It is our suggestion that you verify with your insurance carrier whether or not you have any deductibles, copays or co-insurances related to the use of this outpatient facility and to verify participation status.

In addition to the above fees, there will also be a separate charge for any biopsies taken at the time of your procedure. These biopsies are sent to the hospital pathology laboratory for evaluation. These charges will be submitted to your insurance by the lab; however any charges not covered will be billed to you directly. If you receive a bill from the lab, you must call them directly as our office has no control over their billing practices.

At Englewood or Holy Name Hospital, anesthesia is administered by a group that is affiliated with the hospital. If you have any questions, you must call the hospital directly.

Although our gastroenterologists participate with most insurance carriers, it is impossible for our office to know every patient's individual coverage. Therefore, we urge you to contact your insurance carrier prior to your procedure to see exactly what your benefits are. **You, as the patient, are responsible to know and understand your insurance plan. You will be responsible for all copayments, deductibles and co-insurances according to your insurance.** Our office will pre-certify your procedure and submit the claim to your insurance carrier, however we do not check your individual benefits.

If your procedure is strictly for screening purposes, please make sure to call your insurance to verify that you have coverage for this type of service. Screenings include procedures performed when you have no symptoms, but are, recommended based on age and/or if you have a family history of cancer.

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Upon receiving this package, please notify our office of your primary insurance coverage and either mail or fax a copy of the front and back of your insurance card along with any referrals (if applicable) to the address or fax number to the left. **We must have these copies at least one week prior to our procedure.** If these are not received, we will have no choice but to **CANCEL** your procedure. If you need to cancel your procedure we respectfully ask that you give at least 72 hours notice or there will be a \$150 cancellation fee. Failure to do any of the above may result in **YOU** being responsible for payment of the entire bill.

*I have read and fully understand the above information
and agree to pay accordingly.*

PRINTED NAME: _____

SIGNED NAME: _____ DATE: _____

Please bring this form signed the day of procedure

WHY THIS BROCHURE?

We have prepared this brochure because many patients are not familiar with Gastroscopy. We feel that if you know more about this procedure, you will be less apprehensive.

WHAT IS "GASTROSCOPY"?

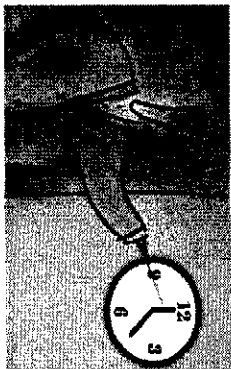
It is a diagnostic procedure which allows the physician to look into the upper digestive system without surgery. There is no incision. The examination usually takes less than a half-hour, and there is little or no discomfort. It permits a different way of viewing the lining of the esophagus, stomach and duodenum. The purpose is to learn more about the problem you may have.

WHO ARE WE?

We are all specialists in gastroenterology and endoscopy. We have teaching appointments at The Mount Sinai Hospital in New York and have a long standing association with Englewood Hospital and Medical Center and Holy Name Hospital.

WHAT MUST I DO?

The stomach must be empty for 7 hours before the test. You may eat and drink normally the day before. Discontinue the use of aspirin products (including Anacin, Bufferin, etc.) for one week before the procedure. Please follow directions carefully. Please advise the office if you are taking insulin, anticoagulants, or you have had joint replacements, heart problems, or medication allergies. If you have had heart surgery, please notify us immediately. Your procedure may need to be done in a hospital.



IMPORTANT: The stomach must be empty for 7 hours before the test.

WHO SHOULD I BRING?

A companion, because we will give you an injection to relax. It will make you drowsy and we want someone to help you return home. You will not need general anesthesia. Because of the medication, we suggest that you go directly home after the procedure. Do not plan to make any major decisions on the day that you receive medication. You may not drive for 8 hours following your procedure.

WHAT WILL HAPPEN?

A flexible tube about the thickness of a finger will be inserted into the stomach. The physician will usually be able to view the entire inner lining of the upper intestine.

IS IT PAINFUL?

With our technique and some medication, pain is unusual.

WHAT IS A BIOPSY?

If the doctor sees any unusual condition, he may take a sample of the tissue for examination in a laboratory. If he does, you will feel nothing. Biopsies are taken for many reasons and should not be equated with cancer. We check our biopsies for gastric infection with H. Pylori.

WILL HE TELL ME WHAT HE FINDS?

Yes. As soon as the examination is over, we will tell you what we found. Naturally, a

report from the laboratory will take a few extra days.

WILL I NOTICE ANYTHING DIFFERENT?

Not at all. There may be a full feeling due to air. There may also be a slight sore throat that lasts less than 24 hours.

WHEN CAN I RETURN TO A NORMAL DIET?

As soon as the procedure has been completed. You may resume your usual diet, unless other instructions are given.

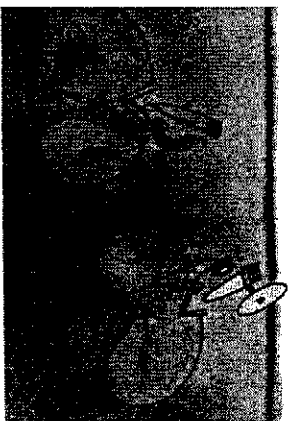
ARE THERE ANY COMPLICATIONS?

We have performed several thousand examinations, and in our hands the potential for problems related to the procedure or to medication is extremely slight. Possible complications are bleeding or perforation. If you are concerned about any symptoms, call the office at any time of the day or night.

WHAT ABOUT PAYMENT?

There are four charges associated with our procedures:

1. The Doctor's fee: Your medical insurance benefit plan may pay some, or all of the fee depending on your type of coverage. All patients are responsible for deductibles and co-payments as determined by your insurance plan.



If you have any questions or concerns, call the office at any time of the day or night.

2. Facility Fee: The Endoscopy unit is a certified ambulatory center. Most insurance carriers will pay for the use of the

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