

# EVANGELICAL COMMUNITY HOSPITAL ENDOSCOPY CENTER

an affiliate of Evangelical Community Hospital

## WELCOME

*Thank you for choosing Evangelical Community Hospital Endoscopy Center for your procedure*

The staff of the Evangelical Community Hospital Endoscopy Center is pleased that you have made the decision to utilize our endoscopy center. We want to make your upcoming procedure as comfortable and as pleasant as possible. We realize that even “outpatient” procedures, such as the procedure for which you are scheduled, can create anxiety. This information has been created to answer many of the questions you may have related to your upcoming procedure. **Please review all the topics covered in this packet.**

If you have any questions, please call 570-524-1213 so we may assist you.

## Pre-procedure Instructions:

To help us meet all your needs, please follow these guidelines:

- Please review all directions provided to you by the physician's office with regards to eating and drinking.
- Remove all mascara, make-up and jewelry. If you wear contact lenses or glasses, bring a case for their safe keeping. For your safety, ALL piercings must be removed before arrival to the surgery center. This includes METAL and PLASTIC earrings, tongue, brow, lip, etc... Piercings.
- Wear comfortable clothing and shoes, no high heels, sandals, or flip flops, please.
- Leave all valuables, including jewelry and cash at home. We cannot be responsible for damaged or lost property.
- Please arrive at the time given to you. This allows ample time to prepare you for your procedure. Your family/escort will be asked to wait in the waiting room. No children under the age of 14 years of age will be allowed in the patient areas.
- If you are the guardian or caregiver for a special needs person, please call the center at 570-524-1213.

## Medications:

- Please review all directions provided to you by the physician's office with regards to medications you should take, medications you should not take.
- Please review all directions provided to you by the physician's office with regards to any preps required from the procedure.

## After Procedure:

The length of stay post-procedure varies according to the type of procedure and your physician's instructions. Most patients are discharged within one hour after procedure is completed.

- Please remember that you may require admission to the hospital in the event of medical need.
- A responsible person shall be available to drive/escort you home at time of discharge, they need to remain in the endoscopy center or be within a 15-minute return time upon being called.
- Your physician and nurse will provide post-procedure instructions. Please follow all instructions carefully so your recovery will be as quick and comfortable as possible.
- If you have a question regarding your procedure after discharge, contact your physician at the number on the discharge instructions sheet. **If you have an emergency,** *seek medical attention from the local emergency room.*

## Licensed Driver:

To ensure your safety after discharge, you need to have a responsible adult drive you home in the event you have a reaction to medication/anesthesia that will make you drowsy and slow your reaction time. Your driver is to remain at the endoscopy center during your procedure. If they need to leave for any reason, they must be able to return with a 15-minute timeframe. Failure to have someone available to drive you home will result in the need to cancel or reschedule. *You may use public transportation as listed below **only if you have a friend/family member to ride with you***

A responsible adult does NOT include the following:

Uber driver  
Lyft driver  
Rabbit Transit driver  
Taxi driver  
Other type of Public Transportation driver

We also highly recommend that you have **someone to stay with you for the first 24hrs after surgery**. If you have any questions, please call 570-524-1213 so we may assist you.

## **Financial Arrangements:**

Evangelical Community Hospital Endoscopy Center (ECHEC) is committed to providing safe, high-quality patient care. At ECHEC, we strive to assure every patient has the highest level of satisfaction. We understand your medical bills can be confusing or difficult to understand. Therefore, we are providing you the following information to help you understand the various components related to payment of your procedure.

## **Billing for Services**

ECHEC is owed by Evangelical Community Hospital. Evangelical Community Hospital will send a bill to your health insurance company on your behalf for services rendered at ECHEC. This bill will include charges related to use of our facility, such as:

- Pre-procedural services (i.e. laboratory studies, EKG's, etc.)
- Use of the procedural room
- Routine equipment and supplies
- Medications used before, during and after your procedure
- Professional services by CRNA personnel providing care
- Recovery Room charges

Outpatient procedures are generally covered by your medical insurance. The charges become your responsibility if your medical insurance company does not pay them, so it is important to provide accurate insurance policy information at the time of your appointment.

## **Insurance Cards and Identification**

To assist us in properly processing a claim for services, please bring your insurance cards with you on the day of procedure. We will also need a Photo ID such as your driver's license. We will make a copy of both for our records. Medicaid patients must have a current, valid Medicaid card with them at the time of admission.

## **Co-payments/co-insurance and Applicable Deductible Payments**

You may be asked for a partial payment upon admission to ECHEC, dependent upon your insurance coverage. We make every effort to advise you of the amount prior to your admission. The fee given to you is based upon the information we have at the time your insurance coverage is verified. There may be an additional amount due once the claim is submitted and processed by your medical insurance. Your insurance carrier makes the final determination of patient responsibility.

## **Payment in Full**

Evangelical Community Hospital, through contracts or participation agreements, accepts insurance payments as "payments in full" from participating insurance companies, except for patient deductibles and co-payments/ co-insurance as noted above.

## **Paying Your Bills**

- We accept cash, cashier's checks, and money orders.
- Mastercard, Discover, and Visa credit cards are accepted.
- If you are unable to pay your balance at one time, Evangelical Community Hospital will set up a payment plan for you. Please contact the Patient Accounting Department at 570-768-3000 for more details.

## Questions

Please call one of our experienced Patient Account Representatives at 570-768-3000, if you have any questions or to:

- Get help understanding your bill
- Establish a payment plan for a bill
- Made a payment
- Update or change the insurance information we have on file for you

## Patient Bill of Rights:

EVANGELICAL COMMUNITY HOSPITAL ENDOSCOPY CENTER is committed to providing comprehensive health care in a manner which acknowledges the uniqueness and dignity of each patient. We encourage patients and families to have clear knowledge of, and to participate in, matters and decisions related to their medical care.

1. A patient has the right to respectful care given by competent personnel.
2. A patient has the right, upon request, to be given the name and credentials of his attending practitioner, the names and credentials of all other practitioners directly participating in this care, and the names and functions of other healthcare persons having direct contact with the patient.
3. A patient has the right to consideration of privacy concerning his own medical care program. Case discussion, consultation, examination, and treatment are considered confidential and shall be conducted discreetly.
4. A patient has the right to have records pertaining to his medical care treated as confidential and patients are given the opportunity to approve or refuse release, except as otherwise provided by law or third-party contractual arrangements.
5. A patient has the right to know what facility rules and regulations apply to his conduct as a patient.
6. The patient has the right to expect emergency procedures to be implemented without unnecessary delay.
7. The patient has the right to good quality care and high professional standards that are continually maintained and reviewed.
8. The patient has the right to change healthcare providers if other qualified providers are available.
9. The patient has the right to know any absence of malpractice insurance, if applicable.
10. The patient has the right to full information in layman's terms concerning diagnosis, treatment, and prognosis, including information about alternative treatments and possible complications. When it is not medically advisable to give the information to the patient, the information shall be given on his behalf to the responsible person.
11. Except for emergencies, the practitioner shall obtain the necessary informed consent prior to the start of a procedure.
12. A patient (or, if the person is unable to give informed consent, a responsible person) has the right to be advised when a practitioner is considering the patient as part of a medical care research program or donor program. The patient or responsible person shall give informed consent prior to actual participation in the program. A patient or responsible person may refuse to continue in a program to which he has previously given informed consent.
13. A patient has the right to refuse drugs or procedures to the extent permitted by statute, and practitioner shall inform the patient of the medical consequences of the patient's refusal of drugs or procedures.
14. A patient has the right to medical and nursing services without discrimination based upon age, race, color, religion, gender, sexual orientation, national origin, handicap, disability or source of payment.
15. The patient who does not speak English shall have access, where possible, to an interpreter.
16. The facility shall provide the patient or patient designee, upon request, access to the information contained in his medical records unless access is specifically restricted by the attending practitioner for medical reasons.
17. The patient has the right to expect good management techniques to be implemented within the facility. These techniques shall make effective use of the time of the patient and avoid the personal discomfort of the patient.
18. When an emergency occurs, and a patient is transferred to another facility, the responsible person shall be notified. The institution to which the patient is to be transferred shall be notified prior to the patient's transfer.
19. The patient has the right to be informed of the fees for services and the payment policies of the facility.

20. The patient has the right to examine and receive a detailed explanation of his bill.
21. A patient has the right to expect that the facility will provide information for continuing health care requirements following discharge and the means of meeting them.
22. A patient or family member has the right to express their concern with or complain about any aspect of care and to expect a response to significant complaints. Expressing a complaint will not compromise the patient's treatment or future access to care.
23. A patient has the right to be informed of his rights both verbally and written prior to the date of the procedure.
24. The patient has the right to request information regarding establishment of Advanced Directives.
25. The patient has the right to information about the method of providing feedback, including complaints or grievances regarding the treatment or care received.
26. A patient has the right to be free from abuse or harassment.

## Verbal Patient's Bill of Rights:

The Evangelical Community Hospital Endoscopy Center Conditions of Coverage require that each patient or the patient's representative receives the Patient's Bill of rights. Please call 570-524-1213 prior to the procedure, if you desire verbal communication of your rights.

## Patient Responsibilities:

- **Be respectful** of all the health care providers and staff, as well as other patients.
- **Accept personal financial responsibility** for any changes not covered by his/her insurance. Make financial arrangements prior to PAT process.
- **Sign consent form.**
- **Report for pre-procedural testing and procedure** as scheduled by physician; or if necessary, to cancel it, give at least **24-hour notice. Inform his/her provider about a living will**, medical power of attorney or other directive that could affect care.
- Provide complete and accurate information to the best of your ability about your health, any medications, including over the counter products and dietary supplements and any allergies or sensitivities.
- Follow all pre-procedure instructions as given by the physician and/or pre-procedure nurse.
- Follow discharge instructions as given by the physician and/or PACU nurse.
- Provide transportation to and from the endoscopy center by a responsible person.
- Follow endoscopy center policy on valuables.

## Patient complaints & Grievance Policy:

- The staff of the ECHEC values you as a patient. We are dedicated to ensuring your relationship with us is a positive one. If we can enhance that relationship in any way, please let us know.
- Every patient has the right to express complaints about the care and services provided, to any staff member.
- If the patient is not satisfied with the resolution, the complaint is taken to the Administrative Director.
- Patients or the patient's representative may file a written or verbal complaint/grievance with the Administrative Director at:

Evangelical Community Hospital Endoscopy Center

[An affiliate of Evangelical Community Hospital]

Daphyne Ressler RN, BSN, MSN, CPPS

90 Medical Park Drive; Suite 2000

Lewisburg, PA 17837

(570) 768-3300

- The patient or patient's representative will be notified that an internal investigation is being conducted.
- The patient has the right, if he or she is not satisfied with the facility's response, to complain to the following agencies:

Website for the Office of the Medicare Beneficiary Ombudsman

[www.cms.hhs.gov/center/ombudsman.asp](http://www.cms.hhs.gov/center/ombudsman.asp)

- Please contact The Evangelical Community Hospital Endoscopy Center with complaints.
- If you are not satisfied with the outcome of your discussions after filing a complaint internally with the ECHEC, the following anonymous hotline numbers are available: For complaints against a healthcare facility, please contact the:

Department of Health at 1-800-254-5164 or in writing at:

PA Department of Health  
Division of Ambulatory Surgery- Room 532  
Health and Welfare Building  
625 Forster St.  
Harrisburg, PA 17120

Accreditation Association for Ambulatory Health Care Inc. at 1-847-853-6060 or in writing at:

Accreditation Association for Ambulatory Health Care Inc  
5250 Old Orchard Rd Ste 200  
Skokie, IL 60077  
Email Address: [Infogaaahc.org](mailto:Infogaaahc.org)

**For more information on the Pennsylvania Patient Safety Authority go to:**  
[www.patientsafetyauthority.org](http://www.patientsafetyauthority.org)

- **Website for the Centers for Disease Control and Prevention:**  
[www.cdc.gov/mmwr/international/relres.html](http://www.cdc.gov/mmwr/international/relres.html)

## **Advance Directive Policy:**

- All patients have the right to participate in their own health decisions and to make Advance Directive or to execute Powers of Attorney that authorizes others to make decisions on their behalf based on patient's expressed wishes when the patient is unable to make decisions or unable to communicate decisions. The ECHEC respects and upholds these rights.
- However, unlike an acute care hospital setting, the endoscopy center does not routinely perform "high risk" procedures.
- Most procedures performed in this facility are considered minimal risk, though no procedure is without risk. You will discuss the specifics of your procedure with your physicians who can answer your questions as to the risks involved, your expected recovery and care after procedure.
- Therefore, it is our policy, regardless of the contents of any advance directive or instructions for a health care surrogate or attorney 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. A copy of your advanced directive will be sent to the receiving facility with you. 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 health care power of attorney.
- Your agreement with the policy does not revoke or invalidate any current health care directive or healthcare power of attorney.
- If you do not agree with this policy, we are pleased to assist you in rescheduling your procedure.