

Advance Directive Policy

Advance Directives allow a person to give directions about medical care or to designate another person(s) to make medical decisions if he or she should lose decision-making capacity. Advance directives may include living wills, durable powers of attorney or similar documents portraying the patient’s preference.

The existence of an advance directive, or lack thereof, will not determine the patient’s access to care, treatment or services.

As specialists providing outpatient services in an ambulatory setting, Gastro Health Providers do not directly address advance directives with patients scheduled for procedures at our centers, it is our policy to honor advance directives presented to us by our patients. In addition, if a patient requests advance directive forms or information regarding the health and safety laws for Washington State, they will be provided.

Should an untoward event happen to a patient while he or she is in our facility, it is our policy to stabilize the patient and transport to the appropriate hospital with a copy of the advance directive. Patients not agreeing to this Statement of Limitation will be redirected to another healthcare provider prior to the procedure.

At all Gastro Health staff will perform the usual life sustaining procedures and call 911 to transport the patient to the appropriate hospital Emergency Department with a copy of the advance directive if available on the patient’s chart.

Information regarding advanced directives is available and can be downloaded at no cost at <https://www.wsma.org> under "Resources" and "Advanced Care Planning."

Disclosure of Physician Interest

As a patient, you have certain rights. Please review our Patient Bill of Rights to know what your rights are. Should you have further concerns about the care being provided to you, you may contact Gastro Health (425-977-4620) or the Washington State Department of Health Complaint Hotline (1-800-633- 6828).

As a patient, you are hereby advised that the following physicians have an ownership interest in your Centers:

Evergreen Endoscopy Center  
11800 NE 128th St., Suite 100  
Kirkland, WA 98034

Janelle Brown-Chang, MD  
Jade Edwards, MD  
Alina Gavrilă, MD  
Jeffrey Luk, MD  
Ronald E. Mason, MD  
Romana Shehzadi, MD

Fremont Endoscopy Center  
501 N. 34th St., Suite 101  
Seattle, WA 98103

Gregory Bernstein, MD  
Praveen Guturu, MD  
Peggy Headstrom, MD  
Wataru Tamura, MD  
Darik Taniguchi, MD

Edmonds Endoscopy Center  
21600 Highway 99, Suite 260  
Edmonds, WA 98026  
425-774-2650

Evergreen Endoscopy Center  
11800 NE 128th St., Suite 100  
Kirkland, WA 98034  
425-899-4500

Fremont Endoscopy Center  
501 N. 34th St., Suite 101  
Seattle, WA 98103  
206-838-1777

GastroHealth.com/Washington



ENDOSCOPY PATIENT  
BROCHURE

- IMPORTANT FINANCIAL INFORMATION ABOUT YOUR ENDOSCOPY PROCEDURE
- PATIENT RIGHTS AND RESPONSIBILITIES
- ADVANCED DIRECTIVES POLICY
- DISCLOSURE OF PHYSICIAN OWNERSHIP

Edmonds Endoscopy Center  
Evergreen Endoscopy Center  
Fremont Endoscopy Center

# Important Financial Information About Your Endoscopy Procedure

Thank you for choosing Gastro Health as your healthcare provider. We are committed to providing you with the best possible medical care at the lowest possible cost. Below you will read about some of our fees, payment policies and billing practices. You will also find some suggestions and precautions related to how your procedure(s) will be billed.

## GH Billing/Multiple Bills

You can expect to have multiple charges for your procedure:

- Physician professional fee
- Facility fee
- Anesthesia charge

If a biopsy or polyp removal occurs during your procedure:

- Pathologist professional fee
- Laboratory charge

## Insurance Questions

Your insurance coverage is a contract between you and your insurance company. This means that it is your responsibility to see that your insurance company covers your bill. Our office is not involved in setting your coverage, benefits, exclusions, preventative benefits, waiting periods, or determining if a referral, and/or authorization, is needed. Coverage and/or benefit issues can best be addressed by your employer, group plan administrator, or insurance carrier directly. We are legally obligated when we bill insurance carriers to follow their billing policies based on the medical information available to us.

For assistance in contacting your insurance carrier regarding your procedure, benefits, and coverage, please refer to our website at <https://gastrohealth.com/forms/washington>, under "Colonoscopy: What You Need to Know."

## Cancellation Fees

To avoid cancellation fees please notify our office of any appointment cancellation 48 business hours prior to the scheduled appointment. Failure to do so may result in the following fees:

Procedure Appointment: \$100.00

## Expenses

Once your insurance company has paid, denied, or otherwise processed your claim (i.e. applied to deductible, copay, etc.) payment is due upon receipt of your first statement, unless other payment arrangements are made. We accept credit cards and checks.

If you have questions about financial arrangements, please speak to Gastro Health Billing staff at 425-977-4620. We will make every effort to clarify any questions you have concerning your account.

Your explanation of benefits, (EOB), can be confusing. The following information may help you to understand this document.

Total Charges: This is the total amount billed to insurance. The charge will be processed by the payer according to the contract with the facility/provider.

Allowed Amount: This is the total amount the facility/provider expects to receive from the insurance and/or patient combined.

Payable Amount: This is the amount that the primary insurance will pay.

Patient Responsibility: This is the difference between the allowed amount and the payable amount. This represents any deductibles, co-payments, and/or co-insurance.

# Patient Rights and Responsibilities

## Patients Rights:

1. The right to quality care and treatment without discrimination as to race, color, religion, sex or national origin.
2. The right to quality care and treatment given with respect, consideration, dignity and without harassment, abuse or discrimination.
3. The right to be treated in a clean and safe environment free of unnecessary restraints.
4. The right to protection from abuse and neglect.
5. The right to access protective services.
6. The right to privacy and security of information regarding patient's diagnosis, treatment options, communication, and the potential outcomes of the treatment as well as access to information contained in his/her medical record in compliance with HIPAA.
7. The right to confidentiality, personal privacy and security.
8. The right to access spiritual care.
9. The right to communication with others. If communication restrictions are necessary for patient care and safety, this will be explained to the patient and any person designated by the patient.
10. The right to safe use of equipment by trained personnel.
11. The right to refuse to participate in research, investigation or clinical trials without hindering access to care.
12. The right to complain about their care and treatment without fear of retribution or denial of care.
13. The right to understand the indications for any procedure.
14. The right to receive all the information you need to give informed consent for any procedure including the possible risks and benefits of the procedure.
15. The right to be informed of unanticipated outcomes.
16. The right to be aware of fees for services and the billing process.
17. The right to approve or refuse the release of your medical records except when required by law.

18. The right to refuse care and treatment, to be told what effect this may have on your health and to be involved in resolving problems with care decisions.
19. The right to participate in all decisions involving your healthcare except when such participation is contraindicated for medical reasons.
20. The right to receive complete information about your diagnosis, planned treatment and prognosis. When it is medically inadvisable to give such information to a patient, the information will be provided to a person designated by the patient or to a legally authorized person.
21. The right to refuse to allow care from a student or trainee.
22. The right to exercise any or all of these rights and be free from any act of discrimination, reprisal or punitive action.
23. The right to family input in care decisions, in compliance with existing legal directives of the patient or existing court-issued legal orders

## Patient Responsibility and Conduct:

1. The patient is responsible to provide the health care providers with information about any past illness, hospitalizations, medications and other health matters.
2. The patient and/or family are responsible for asking questions when they do not understand instructions or explanations given by the healthcare providers and/or staff.
3. The patient is responsible for keeping appointments as scheduled and to telephone the office in case of a cancellation.
4. The patient is responsible for providing his/her healthcare insurance information, and assuring the financial obligations of his/her care are fulfilled as promptly as possible.
5. The patient is responsible to follow health care provider's instructions and plans of treatment and the patient is responsible for the consequences if he/she refuses treatment or fails to follow the practitioner's instructions.
6. The patient is responsible for being respectful and considerate to other patients and organizational personnel.

7. The patient is responsible to discuss consequences of leaving against medical advice with their physician.
8. The patient is responsible to communicate any questions, concerns or needs.

These rights and responsibilities outline the basic concepts of service here at Gastro Health Surgery Centers. If you believe, at any time, our staff has not met one or more of the statements during your care here, please ask to speak to a Manager. We will make every attempt to understand your complaint/concern and resolve it immediately. You will receive a response within 14 days. If the resolution does not meet your satisfaction it will be elevated to the Grievance Officer who will investigate further attempt to resolve it to your satisfaction. You will be and provided a written notice of the decision within 14 days of the grievance, unless there are extenuating circumstances.

<b>Grievance Officer</b> 19000 33rd Ave. W, Suite 230 Lynnwood, WA 98036 425-977-4655
<b>WA State Dept. of Health Complaint Hotline</b> <b>Phone:</b> 360-236-4700 <b>Toll Free:</b> 800-633-6828 <b>Fax:</b> 360-236-2626 <b>Mail:</b> WA State Dept. of Health; Health Systems Quality Assurance Complaint Intake PO Box 47857, Olympia, WA 98504-7857 <b>Email:</b> <a href="mailto:HSQAComplaintIntake@doh.wa.gov">HSQAComplaintIntake@doh.wa.gov</a>
<b>Website for the office of the Medicare Beneficiary Ombudsman:</b> <a href="https://www.medicare.gov/claims-appeals/your-medicare-rights/get-help-with-your-rights-protections">https://www.medicare.gov/claims-appeals/your-medicare-rights/get-help-with-your-rights-protections</a> <b>Medicare Help and Support:</b> <b>1-800-MEDICARE</b> (1-800-633-4227)
To report abuse or neglect of a vulnerable adult or child call local law enforcement at 911 within 48 hours.