
Instructions for Colonoscopy at Michigan Endoscopy Center with our doctors

Dear patient,

Thank you for scheduling your procedure with our office. Please make sure to read through the instruction packet thoroughly. Once you have done that, if you still have questions, please contact the Novi office at 248-662-4110. For after hour emergencies you can also call our answer service Perfect Serve at 866-830-7280.

IMPORTANT THINGS TO REMEMBER

Please make sure to **follow the instructions** for your prep thoroughly. Please pay special attention to all dietary and medication restrictions. Review everything on **page 2** of these date sensitive instructions.

- Follow the bowel **prep for procedure from the website, as indicated** by your provider. Please pick up your prep in advance of your procedure.
- If you are taking any blood thinners, a fax will be sent to your prescribing doctor for clearance to stop the medication.
- If you are having a colonoscopy, it is the patient's responsibility to **contact their insurance** company to make sure this is a covered procedure. Please **check with your insurance** to understand your benefits prior to having a medical procedure. Please review, **sign and send back pages 6 &/or 7**. Medicare, part B, does not require a referral. If your commercial insurance company requires a referral, it is the patient's responsibility to obtain this from their primary care physician. If you require a prior authorization for your procedure let us know and we can call.
- You **MUST have a driver**. They have to remain at the facility and drive you home after your procedure.
- You are **going to the outpatient surgery center, not the office**; see **map on page 8**.

30055 Northwestern Highway, Suite L-60 Farmington Hills, MI 48334 Phone: 248-865-6555 Fax: 248-865-6554	47601 Grand River Ave, Suite D110 Novi, MI 48374 Phone: 248-465-9220 Fax: 248-347-1915
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- If you need to cancel your procedure, please contact the office as soon as possible. If the office is closed, you will be directed to the answering service. Office hours are 8:00 a.m. to 4:00 p.m. To reschedule procedures talk to the front desk receptionist, please do not leave a message on any machine, this will delay the process.
- **Fill out pages 11 & 12** for the surgery center, please **take with you**.
- If you require any special services during your procedure please inform office.

Again, *thank you* for choosing our office to have your procedure!

Providence Staff and Doctors

PROVIDENCE GASTROENTEROLOGY

Designated Patient-Centered Specialty Practice

26850 Providence Parkway, Suite 350, Novi, MI 48374

22250 Providence Drive, Suite 703, Southfield, MI 48075

LAURENCE E. STAWICK, M.D., A.G.A.F.

MARK S. DeVORE, M.D., F.A.C.P.

JULIA S. GREER, M.D.

KHA H. NGO, D.O.

SERGE A. SORSER, M.D.

Phone (248) 662-4110 Fax (248) 662-4120

Phone (248) 569-1770 Fax (248) 443-2439

Use surgery **date and time given by staff member** **Please arrive 1 hour earlier** from your scheduled time for registration, nurse and pre anesthesia interview.

@Location: See Maps on Page 8

Michigan Endoscopy Center - Farmington Hills

30055 Northwestern Hwy. @ Inkster Rd.

Located in the Providence Building, Suite #L60

Providence Medical Building is located on Inkster Rd at 12 1/2 mile area- on the South side of Northwestern Hwy

Enter at the West entrance, straight to elevator

Michigan Endo Center Providence Park - Novi

47601 Grand River Ave. @ Beck Rd.

Outpatient Building, 1st floor-suite #D110

Providence Novi Outpatient Building door has a pyramid canopy with a statue of two nuns in front and is the building facing Grand River Ave.

If you are **unable to keep your appointment, call the office 48 hours in advance** to cancel the procedure.

Note: Any less time to cancel or reschedule may result in a charge for set up, boarding and rescheduling.

2 wk Prior	1. If you take Diet pills not limited to but including, Phenteramine (Phen-Phen Diet Pills), stop this and any type of diet medication 2 weeks prior to procedure.
1 Wk. Prior	1. DO NOT EAT foods containing small seeds (nuts, tomatoes, cucumbers, rye, popcorn, sesame, caraway, poppy and grapes). 2. Stop Iron , 1 week before your procedure.
7-5-2 days prior	1. If you take the following medications, stop according to medical guidelines. If you are a heart patient and taking these medications, consult your cardiologist prior to stopping. • Stop Effient (prasugrel) 7 days prior. • Stop Coumadin (warfarin), Plavix (clopidogrel) & Brilinta (ticagrelor) 5 days prior. • Stop Pradaxa (dabigatran), Xarelto (rivaroxaban), Eliquis (apixaban) & Savaysa (edoxaban) 2 days prior.
DAY BEFORE	1. Use Bowel Prep from Website 2. Follow Instructions for bowel prep sheet carefully, as indicated by your provider. 3. To measure oxygen during your procedure, please remove any dark nail polish . 4. If you are diabetic , Please hold your diabetic medication the night before your procedure and the morning of . If you need help with medication dosage, please ask your primary doctor.
Day Of Procedure	1. On the morning of your examination, take your heart and/or blood pressure medication between 5 & 6 a.m. with a small sip of water Please brush your teeth, do not swallow toothpaste. After your shower, do not use body lotion . NO gum or hard candy. No diabetic medicine. 2. Do not eat until after your procedure. 3. If your procedure begins after 11 a.m., you may have a clear liquids; this must be done 3 hours prior. Nothing by mouth 3 hours prior to the procedure. 4. Bring someone with you to stay during your procedure and take you home. If you arrive alone, your examination will be cancelled. 5. Please be on time . If you are late, you will be the cause of major delays for all other patients' undergoing similar examinations. Furthermore, if you are late, your examination may be cancelled so that the schedule for other patients can be maintained.
After Procedure	1. After you are discharged , return home. Do not drive , operate machinery, or drink alcoholic beverages for 18-24 hours . 2. If you have any complications (vomiting, abdominal pain, tenderness, fever or bleeding) after returning home, call the office at 248-662-4110, after 4 p.m. call the answering service at 866-830-7280.

Understanding Colonoscopy

Your physician determined that colonoscopy is necessary for further evaluation or treatment of your condition. This brochure has been prepared to help you understand the procedure. It includes answers to questions patients ask most frequently. Please read it carefully. If you have additional questions, please feel free to discuss them with the endoscopy nurse or your physician before the examination begins.

What is colonoscopy?

Colonoscopy is a procedure that enables your physician to examine the lining of the colon (large bowel) for abnormalities by inserting a flexible tube that is about the thickness of your finger into the anus and advancing it slowly into the rectum and colon.

What preparation is required?

The colon must be clean for the procedure to be accurate and complete. Your physician will give you detailed instructions regarding the dietary restriction to be followed and the cleansing routine to be used. In general, preparation consists of either consumption of a large volume of a special cleansing solution purchased over the counter or by prescription. Follow your doctor's instructions carefully. If you do not, the procedure may have to be canceled and repeated later.

What about my current medications?

Most medications may be continued as usual, but some medications can interfere with the preparation or the examination. It is therefore best to inform your physician of your current medications as well as any allergies to medications several days prior to the examination. Aspirin products, arthritis medications, anticoagulants (blood thinners), insulin, and iron products are examples of medications whose use should be discussed with your physician prior to the examination. You should alert your doctor if you require antibiotics prior to undergoing dental procedures, since you may need antibiotics prior to colonoscopy as well.

What can be expected during colonoscopy?

Colonoscopy is usually well tolerated and rarely causes much pain. There is often a feeling of pressure, bloating, or cramping at times during the procedure. Your doctor will give you sedation through a vein to help you relax and better tolerate any discomfort from the procedure. You will be lying on your side or back while the colonoscope is advanced slowly through the large intestine. As the colonoscope is slowly withdrawn, the lining is again carefully examined. The procedure usually takes 15 to 60 minutes. In some cases, passage of the colonoscope through the entire colon to its junction with the small intestine cannot be achieved. The physician will decide if the limited examination is sufficient or if other examinations are necessary.

What if the colonoscopy shows something abnormal?

If your doctor thinks an area of the bowel needs to be evaluated in greater detail, a forceps instrument is passed through the colonoscope top to obtain a biopsy (a sample of the colon lining). This specimen is submitted to the pathology laboratory for analysis. If colonoscopy is being performed to identify sites of bleeding, the areas of bleeding may be controlled through the colonoscope by injecting certain medications or by coagulation (sealing off bleeding vessels with heat treatment). If polyps are found, they are generally removed. None of these additional procedures typically produce pain. Remember, the biopsies are taken for many reasons and do not necessarily mean cancer is suspected or present.

What are polyps and why are they removed?

Polyps are abnormal growths from the lining of the colon which vary in size from a tiny dot to several inches. The majority of polyps are benign (non-cancerous) but the doctor cannot always tell a benign from a malignant (cancerous) polyp by its outer appearance alone. For this reason, removed polyps are sent for tissue analysis. Removal of colon polyps is an important means of preventing colorectal cancer.

How are polyps removed?

Tiny polyps may be totally destroyed by fulguration (burning), but larger polyps are removed by a technique called snare polypectomy. The doctor passes a wire loop (snare) through the colonoscope and severs the attachment of the polyp from the intestinal wall by means of an electrical current. You should feel no pain during the polypectomy. There is a small risk that removing a polyp will cause bleeding or result in a burn through the wall of the colon, which could require emergency surgery.

What happens after colonoscopy?

After colonoscopy, your physician will explain the results to you. If you have been given medications during the procedure, someone must accompany you home from the procedure because of the sedation used during the examination. Even if you feel alert after the procedure, your judgment and reflexes may be impaired by the sedation for the rest of the day, making it unsafe for you to drive or operate any machinery.

You may have some cramping or bloating because of the air introduced into the colon during the examination. This should disappear quickly with passage of flatus (gas). Generally you should be able to eat after leaving the endoscopy, but your doctor may restrict your diet and activities, especially after polypectomy.

What are the possible complications of colonoscopy?

Colonoscopy and polypectomy are generally safe when performed by physicians who have been specially trained and are experienced in these endoscopic procedures.

One possible complication is a perforation or tear through the bowel wall that could require surgery. Bleeding may occur from the site of biopsy or polypectomy. It is usually minor and stops on its own or can be controlled through the colonoscope. Rarely, blood transfusions or surgery may be required. Other potential risks include a reaction to the sedatives used and complications from heart or lung disease. Localized irritation of the vein where the medication was injected may rarely cause a tender lump lasting for several weeks, but this will go away eventually. Applying heat packs or hot moist towels may help relieve discomfort.

Although complications after colonoscopy are uncommon, it is important for you to recognize early signs of any possible complication. Contact your physician who performed the colonoscopy if you notice any of the following symptoms: severe abdominal pain, fever and chills, or rectal bleeding of more than one half cup. Bleeding can occur several days after a polypectomy.

To the patient

Because education is an important part of comprehensive medical care, you have been provided with this information to prepare you for this procedure. If you have any questions about your need for upper endoscopy, alternative tests, the costs of the procedure, methods of billing, or insurance coverage do not hesitate to speak to your doctor or doctor's office staff about it. Most endoscopists are highly trained specialists and welcome your questions regarding their credentials and training. If you have any questions that have not been answered, please discuss them with the endoscopy nurse or your physician before the examination begins.

Due to the ever changing insurance industry we require an Advance Benefit Notification (ABN) on file prior to your procedure. Please check with your insurance to understand your benefits prior to having a medical procedure.

If you have a **Medicare Policy, please sign** the Advance Beneficiary Notice of Non-coverage (ABN) on **Page 6** and mail or fax it to us.

If you have a **Commercial Insurance** Policy, **please sign** the form on **Page 7** and mail or fax it to us.

- 1) Please check with your insurance to understand your benefits prior to having a medical procedure.
- 2) Please ask your commercial insurance company if you need a prior authorization. If a prior authorization is required, give the office a call and let us know. Medicare does not require an authorization at this time.
- 3) We will call and get your procedure approved.

The insurances we have on file for you are listed below.

Primary Insurance: _____ Phone #: _____

ID#: _____ Group: _____

Insured Name: _____ DOB: _____

Secondary Insurance: _____ Phone #: _____

ID#: _____ Group: _____

Insured Name: _____ DOB: _____

Please send the signed insurance forms to:

26850 Providence Parkway, Suite 350, Novi, MI 48374, Fax (248) 662-4120

A. Notifier: (Get your scheduled code(s) from secretary at the office when you make the appointment)

B. Patient Name: _____ dob _____ C. Medicare ID#: _____

Advance Beneficiary Notice of Non-coverage (ABN)

NOTE: If Medicare doesn't pay for D. Colonoscopy below, you may have to pay.

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the D. Colonoscopy below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost
Colonoscopy <u>YOUR PROCEDURE</u> <input type="checkbox"/> Routine Screen Colon G0121 <input type="checkbox"/> High Risk Screen Colon G0105 <input type="checkbox"/> Diagnostic Colon 45378	Frequency- (Medicare limit- 1 Screening Colonoscopy every 10 years) <u>YOUR REASON FOR APPT:</u> <input type="checkbox"/> Screening for colon cancer Z12.11 <input type="checkbox"/> Personal history of polyps Z86.010 <input type="checkbox"/> Personal history of colon G I organs Z80.0 <input type="checkbox"/> Change in bowel habits R19.4 <input type="checkbox"/> _____	Physician Charges 600.00 <u>Other charges call Facility</u> Michigan Endo Centers Novi 248-465-9220 Farmington Hills 248-865-6554

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the D. Colonoscopy listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

G. OPTIONS: Check only one box. We cannot choose a box for you.

- OPTION 1.** I want the D. Colonoscopy listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.
- OPTION 2.** I want the D. Colonoscopy listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**
- OPTION 3.** I don't want the D. Colonoscopy listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

H. Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature: _____

J. Date: _____

CMS does not discriminate in its programs and activities. To request this publication in an alternative format, please call: 1-800-MEDICARE or email: AltFormatRequest@cms.hhs.gov.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

ABN Commercial Insurance Coverage & Colonoscopy Exams

Important – Please Read

After having your colonoscopy exam, your insurance policy is billed. Usually there are 3-5 claims submitted to your insurance: a doctor's fee, a facility fee, an anesthesia fee, a CRNA nurse fee and possibly a lab fee (if polyps or biopsies were taken). Our office is only responsible for the "doctors billing" portion of your procedure. **Physician Charge-COLONOSCOPY approx. \$ 600.00** (NOTE: Insurance companies have a contracted discounted price)

Billers for Stawick, Greer, Ngo and Sorser number is 248-662-4116. Biller for Dr. DeVore number is 586-751-6034.

If you have questions in regards to facility bills, anesthesia bills, or lab bills, you must contact those billing departments' separately. **Facilities has their own fees, the following locations may be able to help you.**

Michigan Endoscopy Novi, 248-465-9220	Michigan Endoscopy Farmington Hills, 248-865-6554
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It is always wise to check your insurance benefits, co pays, & deductibles prior to your colonoscopy exam. Because of the extremely large volume of patients we see, it is impossible for our office to check your policy. We ask that you take on the responsibility of checking your own health insurance contract. **It is important to know that YOU are responsible to understand the terms of your own policy, not the doctor.**

To ask questions regarding your insurance policy there's usually customer service phone numbers on your card for you to contact a representative.

If you've been referred to our doctors for a routine/screening colonoscopy, it is important to know that some insurance policies will **not** cover routine colonoscopy for screening purposes. Again, you must check your insurance benefits to find out if screening colonoscopy are covered under your policy. Patients who have screening examinations have no signs or symptoms, and have a set benefit from their insurance company.

If a polyp is found & removed during the exam, again your insurance will be billed as a medical colonoscopy and not a screening exam (**even though you were initially referred for a routine/screening colonoscopy**). This may also mean that you will be obligated to pay for any co pays deductibles' associated with your policy.

We would like you to know that our #1 priority is to save lives & to help prevent and treat colorectal diseases. Please understand that we do not write your insurance policy, nor do we have control over what your insurance pays for or doesn't pay for. We merely perform the exam and bill your insurance policy; **THAT IS IT!** We are here to help you if you do have insurance issues, but again if you have questions or problems talk to an insurance representative first.

Here are some helpful questions to ask you insurance representative prior to your exam.

1. I have no medical symptoms, am I covered for a routine or screening colonoscopy?
2. What happens if I am scheduled for a routine colonoscopy but polyps are found and removed during the exam? Will I have to pay a co pay or deductible?
3. What are the maximum payments my policy will allow for a colonoscopy exam?
4. What are my annual co pays and or deductibles'? Have they been met? Is the doctor I'm scheduled with in my network?
5. Does my insurance require a prior authorization?

Procedure Code: (Get your scheduled code(s) from secretary at the office when you make the appointment)

Routine Screening Colonoscopy **G0121** High Risk Screening Colonoscopy **G0105** Diagnostic Colonoscopy **45378**

Diagnosis Code(s) for the appointment: Screening for colon cancer **Z12.11**, Personal history of polyps **Z86.010**, Personal history of colon G I organs **Z80.0**, Change in bowel habits **R19.4**, Other

I acknowledge that I have read the above statement and will be responsible for my deductible, co-pay, and out-of pocket expenses in the event that my insurance company does not cover my scheduled colonoscopy.

Please sign, date and return to our office by mail or fax, form must be in file prior to procedure.

26850 Providence Parkway, Suite 350, Novi, MI 48374, Fax (248) 662-4120

Name:

Date of birth:

Patient's Signature:

Date

For Michigan Endoscopy Center Patients

[30055 Northwestern Highway, Suite L-60](#)
Farmington Hills, MI 48334
Phone: 248-865-6555
Fax: 248-865-6554

[47601 Grand River Ave, Suite D110](#)
Novi, MI 48374
Phone: 248-465-9220
Fax: 248-347-1915

Extra Patient INFORMATION

Farmington Hills Medical Center

[Michigan Endoscopy Center](#)

lower level Suite L60

Michigan Endoscopy Center is located in the Providence Medical Center at the Southwest corner of Northwestern Hwy and Inkster Roads between 12 and 13 Mile Roads.

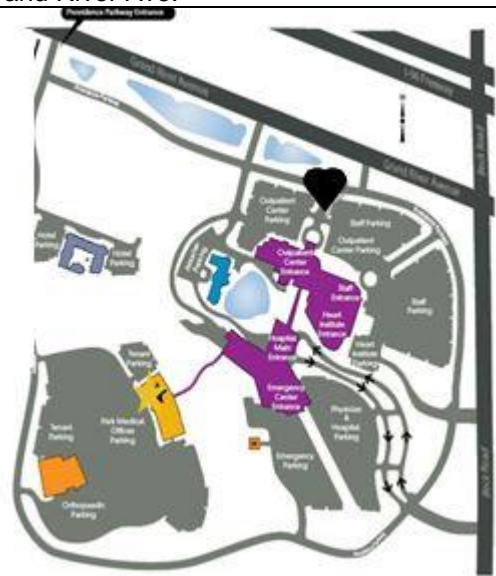
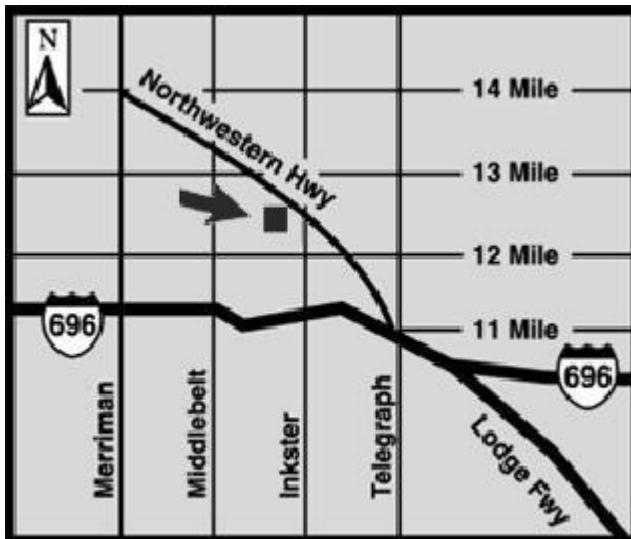
Novi Campus Map

Endoscopy (Colon/EGD), use Outpatient Center Entrance
See heart

[Michigan Endoscopy Center](#)

1st floor, suite D110

Main **Outpatient Building** door has a **pyramid canopy** with a **statue of two nuns** in front and is the building facing Grand River Ave.



How to find MEC in Farmington

Michigan Endoscopy Center is located in the Providence Medical Center at the Southwest corner of Northwestern Hwy and Inkster Roads between 12 and 13 Mile Roads.

From the North - Telegraph Road south to 13 Mile Road. Turn west on 13 Mile to Inkster Road. Turn south onto Inkster Road and travel past Northwestern Highway and turn west (right) into the first driveway south of Northwestern Highway.

From the South - Telegraph Road north to 12 Mile Road. Turn west onto 12 Mile Road to Inkster Road. Turn north onto Inkster Road and travel approximately 1/2 mile and turn west (left) into the parking lot entrance located on Inkster Road just south of Northwestern Highway.

From the East - Take I-696 to Telegraph Road north to 12 Mile Road. Turn west onto 12 Mile Road to Inkster Road. Turn north onto Inkster Road and travel approximately 1/2 mile and turn west (left) into the parking lot just south of Northwestern Highway.

From the West - Take I-696 to Orchard Lake Road. Turn north onto Orchard Lake Road to 12 Mile Road. Turn east onto 12 Mile Road and take that to Inkster Road. Turn north onto Inkster Road and travel approximately 1/2 mile and turn west (left) into the parking lot entrance located on Inkster Road just south of Northwestern Highway.

Once parked, go to the West Entrance. Go through the double glass doors to the West Elevator. Take the elevator to the "LL" level. As you exit the elevator, go to the right. Follow the signs to L-60. Make a right at the first corridor. The Center is located on the right side.

How to find MEC in Novi

From the North- take Beck Road south to Grand River. Take a right on Grand River to the first light. Turn left into Providence Complex. Turn left at Stop sign. Go to main entrance of Outpatient Building.

From the I-96- take exit 160, go south on Beck Rd to Grand River, west on Grand River to main light, south at light. Turn left at Stop sign. Go to main entrance of Outpatient Building.

From the East and West- take Grand River Ave. towards Novi. The hospital complex is at the corner of Grand River and Beck. Turn into Providence Complex from the main light, across from Home Depot/Kroger. Turn left at Stop sign. Go to main entrance of Outpatient Building. **Outpatient Building** door has a **pyramid canopy** with a **statue of two nuns** in front and is the building facing Grand River Ave.

For maps and directions go to Michigan Endoscopy Center Website or type address into Google Maps.

<http://www.endoctr.com/map-and-directions.html>

Welcome

Michigan Endoscopy Center is pleased to welcome you as a patient at our facility. We are a non-hospital based outpatient center dedicated to providing the highest quality endoscopic services in a comfortable atmosphere.

Our staff wants to make your visit as pleasant as possible. The center is a place where patients receive quality care and then return to the comfort of their homes the very same day. Respect for your individual needs is a concern of ours and by completing the questionnaire given to you at the end of your stay, you will give us valuable feedback regarding your experience.

You will find the atmosphere at Michigan Endoscopy Center more personalized than a traditional hospital environment. In this reassuring setting, you will receive individual attention from a caring and highly skilled staff of doctors and nurses.

The following physicians own and/or practice at Michigan Endoscopy Center:

Sami Akkary, MD	Phillip Goldmeier, MD	Luis Maas, MD	Serge Sorser, MD
David Benkoff, MD	Julia Greer, MD	Kha Ngo, DO	Laurence Stawick, MD
Alan Cutler, MD	Randall Jacobs, MD	Ralph Pearlman, MD	Bradley Warren, DO
Mark DeVore, MD	Jean Jaffke, MD	Michael Piper, MD	Edward Yousif, MD
Janice Fields, MD	Jay Levinson, MD		

Patient Rights Notification

Each patient at the Center will be notified of his/her patient rights verbally and in writing in advance of their surgery. A posted notice will also be made available in the waiting room. Patient rights include, but are not limited to:

Treated with respect, consideration and dignity.

Exercise these rights without regard to gender, race, and cultural, economic, educational or religious background and without fear of discrimination or reprisal.

To receive care in a safe setting that is free of physical or psychological threats.

Access communication aids. (Interpreters, etc.)

Expect that any architectural barriers identified will be addressed when feasible.

Be free of restraint except when indicated to protect the patient or others from injury.

Have his/her questions, concerns or complaints addressed in good faith.

Expect continuity of care. The patient will not be discharged or transferred without prior notice, except in the case of a medical emergency.

Provisions for after-hour and emergency care.

Access necessary surgical and/or procedural interventions that are medically indicated.

Obtain any information patient needs to give.

Give informed consent before any treatment or procedure.

Be provided, to the degree known, complete & timely information concerning their diagnosis, evaluation, treatment & prognosis. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or legally authorized person.

Make choices and decisions regarding his/her medical care to the extent permitted by law-this includes the right to refuse treatment.

Have his/her disclosures and records treated confidentially, and given the opportunity to approve or refuse its release, except when release is required by law.

Receive, on request, a copy of his/her medical record.

Know the services available at the Center.

Know the facility fees for services.

Request an itemized statement of all services provided to them through the facility, along with the right to be informed of the payment methodology utilized. At his/her own expense, to consult with another physician or specialist if other qualified physicians are requested and available.

Be informed of patient conduct & responsibilities rules.

Refuse to participate in experimental research.

Know the identity, professional status, institutional affiliation and credentials of health care professionals providing their care, and be assured that these individuals have been appropriately credentialed.
Be informed of their right to change their provider if other qualified providers are available.
Be provided with appropriate information regarding absence of malpractice insurance coverage.
Be provided appropriate privacy and confidentiality concerning their medical care.

Patient Responsibilities

The care a patient receives depends partially on the patient. Therefore, in addition to these rights, a patient has certain responsibilities that are presented to the patient in the spirit of mutual trust and respect. Patient responsibilities include:

Provide complete and accurate information to the best of his/her ability about his/her health, medications, including dietary supplements and any allergies or sensitivities.

Make it known whether he/she clearly comprehends the course of his/her medical treatment and what is expected of him/her.

Follow the treatment plan prescribed by his/her physician.

Keep appointments and notify Center or physician when unable to do so.

Provide a responsible adult to transport him/her home from the facility.

To be respectful of all the health care providers and staff, as well as other patients and escort(s).

Adhering to Center rules for his/her protection and the protection of others.

Financial obligation for payment of services.

Inform the Center about any living will, medical power of attorney, or other directive.

Advance Directive

In accordance with Michigan law, this Center must inform you that we are not required to honor and do not honor DNR directives. A healthcare power of attorney will be honored.

If a patient should provide his/her advance directive a copy will be placed on the patient's medical record and transferred with the patient should a hospital transfer be ordered by his/her physician.

At all times the patient or his/her representative will be able to obtain any information they need to give informed consent before any treatment or procedure.

In order to assure that the community is served at this facility, information concerning advanced directive is available at the Center. If you do not agree with the Center's policy, and upon your request, we will assist you in rescheduling your procedure.

Patient Grievances

The patient and family are encouraged to help the facility improve its understanding of the patient's environment by providing feedback, suggestions, comments and/or complaints regarding the service needs and expectations.

A complaint or grievance should be registered by contacting the Center and/or a patient advocate at the Michigan Department of Health and/or Medicare. The Center will respond in writing with notice of how the grievance/complaint has been addressed:

The Michigan Endoscopy Center
30055 Northwestern Highway,
Suite L60
Farmington Hills, MI 48334
Attention: Brien Fausone,
Administrator
(248) 865-6555
bfausone@endoctr.com

Michigan Department of Health
Bureau of Health Profession
Health Regulatory Division
P.O. Box 30670
Lansing, MI 30670
(517) 373-9196
www.michigan.gov/healthlicense

Medicare Beneficiary Ombudsman
1-800-MEDICARE (1-800-633-4227)
www.medicare.gov/ombudsman.asp

***The following 2 pages are pre-registration for the surgery center –
Please fill out and take with you***



Michigan Endoscopy Center at Providence Park **PATIENT QUESTIONNAIRE**

30055 Northwestern Hwy. • Suite L-60 • Farmington Hills, MI 48334 • Tel. 248-865-6555 • Fax 248-865-6554
47601 Grand River Ave. • Suite D-110 • Novi, MI 48374 • Tel. 248-465-9220 • Fax 248-347-1915

FOR OFFICE USE ONLY

Scheduled Exam? EGD EGD/Dilation Small Bowel Enteroscopy Colonoscopy Other _____

REASON FOR EXAM: _____

Have you ever had an Endoscopy? Yes No If yes, When: _____ Where: _____ Physician Performed: _____

Escort Name: _____ Escort Phone Number: _____
May your escort(s) be at your bedside when the physician speaks with you post-op? Yes No

May we call you after the procedure for follow-up? Yes No Phone Number: _____ May we leave a message? Yes No

Have you had anything to eat or drink since midnight last night? Yes No If yes, what time? _____

Do you have any of the following items with you? If yes, check all that apply:

- Dentures
- Partial
- Upper
- Lower
- Glasses
- Contact Lenses
- Hearing Aid (R)
- Hearing Aid (L)
- Cane
- Walker
- Wheelchair
- Oxygen
- CPAP
- Other _____

Height: _____ Weight: _____

ALLERGIES: No Known Allergies

Substance	Reaction

Do you have an allergy to: Reaction

Latex Yes No _____

Soy Yes No _____

Eggs Yes No _____

MEDICATIONS No Medications
(Include prescriptions over-the-counter, vitamins, & herbal medications)

Medication	Dosage	Last Date Taken

Do you take any: Dosage Last Date Taken

Aspirin Yes No _____

Anti-Inflammatory Yes No _____

Blood Thinners Yes No _____

Herbal Medication Yes No _____

Have you had or do you still have Heart/Vascular problems? Yes No

- High blood pressure
- Heart Attack less than 3 months ago
- Valve Disease
- Congestive Heart Failure
- Chest Pain
- Pacemaker
- Defibrillator
- Abnormal Rhythm
- Heart Murmur
- High cholesterol
- Stress Test in past 5 years
- Peripheral vascular/coronary disease
- Non-cardiac chest pain
- Mitral Valve Prolapse
- Other _____

Do you have difficulty breathing or lung problems? Yes No

- Asthma
- Emphysema
- Chronic Obstructive Pulmonary Disease
- Sleep Apnea
- Dyspnea
- Other _____

Do you have Digestive or Intestinal problems? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Gastric Reflux	<input type="checkbox"/> Hiatal Hernia	<input type="checkbox"/> Ulcers
<input type="checkbox"/> Diverticular Disease	<input type="checkbox"/> Irritable Bowel Syndrome	<input type="checkbox"/> Crohn's Disease
<input type="checkbox"/> Ulcerative Colitis	<input type="checkbox"/> Colon Polyps	<input type="checkbox"/> Hemorrhoids
<input type="checkbox"/> Personal History Colon Cancer	<input type="checkbox"/> Nausea/Vomiting	<input type="checkbox"/> Constipation
<input type="checkbox"/> Blood in stool/Black tarry stools	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Other _____
<input type="checkbox"/> Rectal bleeding	<input type="checkbox"/> Change in Bowel Habits	
Is there family history of colon cancer? Who (relationship) _____		Age _____
Do you have Liver or Biliary Problem/History? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Cirrhosis	<input type="checkbox"/> Jaundice	<input type="checkbox"/> Hepatitis
<input type="checkbox"/> Gallbladder	<input type="checkbox"/> Cholecystitis	<input type="checkbox"/> Cholelithiasis
<input type="checkbox"/> Pancreatitis	<input type="checkbox"/> Other _____	
Do you have any Brain or Neurological Problem or History? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Stroke/Cerebral Vascular Accident/TIA	<input type="checkbox"/> Seizer Disorder	
<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Other _____	
Do you have an Infectious or Contagious Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Comment: _____		
Are you diabetic? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you <input type="checkbox"/> Insulin dependent <input type="checkbox"/> Non-insulin		
Have you ever had Cancer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Location of Cancer: _____		When: _____
Do you have other health conditions?		
<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Thyroid Problem	<input type="checkbox"/> Renal
<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Artificial Joints
<input type="checkbox"/> Obesity	<input type="checkbox"/> None	<input type="checkbox"/> Other _____
Could you be pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable If yes, last menstrual period: _____		
Have you had previous surgeries?		
<input type="checkbox"/> None	<input type="checkbox"/> Appendectomy	<input type="checkbox"/> Arthroscopy
<input type="checkbox"/> Tonsillectomy & Adenoidectomy	<input type="checkbox"/> Valve Replacement	<input type="checkbox"/> Carotid Endarterectomy
<input type="checkbox"/> Bowel Resection	<input type="checkbox"/> Cholecystectomy	<input type="checkbox"/> Open Heart Surgery (CABG)
<input type="checkbox"/> Hernia Repair	<input type="checkbox"/> Hysterectomy	<input type="checkbox"/> Joint Replacement
<input type="checkbox"/> Gastric Bypass	<input type="checkbox"/> Tubal Ligation	<input type="checkbox"/> Angioplasty/Stent
<input type="checkbox"/> Lung	<input type="checkbox"/> Other _____	
Have you or any family member have a history of problems with anesthesia? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Allergic reaction	<input type="checkbox"/> Fainted	<input type="checkbox"/> Hyper excitability
<input type="checkbox"/> Hyperthermia	<input type="checkbox"/> Hypotension	<input type="checkbox"/> Persistent Nausea
<input type="checkbox"/> Persistent Vomiting	<input type="checkbox"/> Prolonged Sedation	<input type="checkbox"/> Tachycardia
<input type="checkbox"/> Unstable Blood Pressure	<input type="checkbox"/> Other _____	
Do you use tobacco? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Cigarettes/Cigar (smoke)	<input type="checkbox"/> Chewing Tobacco/Snuff (smokeless)	
<input type="checkbox"/> Less than 1 pack per day	<input type="checkbox"/> One pack per day	<input type="checkbox"/> Greater than one pack per day
How long have you been smoking (years): _____		Date you quit (if applicable): _____
Do you drink alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, frequency of alcohol intake: <input type="checkbox"/> Daily <input type="checkbox"/> Socially		
Do you use recreational drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Substance Name: <input type="checkbox"/> Marijuana	<input type="checkbox"/> Cocaine	<input type="checkbox"/> Heroin <input type="checkbox"/> Other _____
Frequency of Use: <input type="checkbox"/> Occasionally	<input type="checkbox"/> Daily	Date you quit (if applicable): _____
Are you being abused? <input type="checkbox"/> Yes <input type="checkbox"/> No		