

FINANCIAL RESPONSIBILITY

As an in-network center we participate with ALL insurance plans. The facility charges are separate from any physician professional fees including: surgeon, anesthesia, or pathology charges. Please ask to speak to an account manager for an estimate of your financial responsibility. As a courtesy, we verify benefits with your insurance carrier prior to all procedures/surgeries and provide you with an estimate of your financial responsibility based on your plan benefits including any co-payments, deductibles and/or co-insurance. We may ask you for a deposit prior to your procedure to be applied towards your financial responsibility. We offer multiple financing options through SURGICARES Financing. These include a seasonal payment plan, CareCredit, MedDraft, and other options. We also accept credit card payments from HSA (health savings accounts) and FSA (flexible spending accounts) accounts. We accept personal checks as well as Visa, Mastercard, Discover, and American Express.

If you have any questions please call (201) 336-1100 and ask to speak to one of our Financial Account Managers.

PRE-ADMISSION MEDICAL HISTORY

We ask that you complete pre-admission with One Medical Passport. The website guides you to enter your medical history online to help us to provide you with the best possible care and minimize long phone interviews and paperwork.

Begin Pre-Admission on Our Website

Begin at our facility website: www.endobergenco.com and click Online Clinical History, which will take you to the One Medical Passport home page.

Create Your One Medical Passport Account

First time users of onemedicalpassport.com should click the green Register button and create an account. Answer the questions on each page and click save and continue. Once complete, you will be prompted to click Finish to securely submit your information. If you have a One Medical Passport Account, then please login and update your medical information and history.

Help Completing Pre-Admission

Each page has a **Help** link you may click for assistance.

PLEASE NOTE: Do not contact your physician's office regarding issues with One Medical Passport. If you are unable to complete your online preadmission at this time, you may register at the facility on your date of service. If you are a Surgical (NON-GI) or pain patient and are unable to complete the online pre-admission then please call (201) 336-1100 and ask to speak with a nurse for a phone interview.



**Surgical & Endoscopy
Center of Bergen County**

HackensackUMC

aka Paramus Endoscopy

80 Eisenhower Drive, Suite 100

Paramus, NJ 07652

tel: (201) 336-1100

fax: (201) 336-1040

Visit our website: www.endobergenco.com

IMPORTANT PATIENT INFORMATION

DRIVING AND PARKING INSTRUCTION

ADVANCE DIRECTIVE INFORMATION

OWNERSHIP DISCLOSURE

PATIENT RIGHTS

FINANCIAL RESPONSIBILITY

PRE-ADMISSION MEDICAL HISTORY

DIRECTIONS & IMPORTANT INFORMATION

SURGICAL & ENDOSCOPY CENTER OF BERGEN COUNTY

80 Eisenhower Drive • Suite 100 • Paramus, NJ 07652

tel: (201) 336-1100 • fax: (201) 336-1040

From the North:

NJ 17 South

Take the CENTURY ROAD exit toward FAIR LAWN

Merge onto CENTURY ROAD

Turn LEFT onto ESSEX ROAD

Turn RIGHT onto EISENHOWER DRIVE

Turn LEFT into the parking area at 80 EISENHOWER DRIVE

From the South:

NJ 17 North toward MAHWAH

Exit at CENTURY ROAD toward FAIR LAWN

Continue on the bridge over Route 17 and merge onto CENTURY ROAD

Turn LEFT onto ESSEX ROAD

Turn RIGHT onto EISENHOWER DRIVE

Turn LEFT into the parking area at 80 EISENHOWER DRIVE

From the East and West:

Route 4 East or West to Route 17 N

Exit at CENTURY ROAD toward FAIR LAWN

Continue on the bridge over Route 17 and merge onto CENTURY ROAD

Turn LEFT onto ESSEX ROAD

Turn RIGHT onto EISENHOWER DRIVE

Turn LEFT into the parking area at 80 EISENHOWER DRIVE

It is important to tell your doctor if you are taking any medications to thin your blood. They may need to be stopped for some time before your surgery or procedure. Some examples of medications that may need to be stopped are aspirin, Coumadin, Plavix, Pradaxa, Eliquis, and Xarelto, Effient, Motrin, Aleve, vitamin E, fish oil. **Do not stop any medication without first speaking to your doctor.**

Please leave all jewelry and valuables at home, including body piercings.

Please bring with you your insurance card(s), identification, advance directive and a list of any medications you take (prescription and over the counter plus supplements) including dosage. Please bring a credit card or check for your co-payment, deductible or coinsurance payment.

DISCLOSURE OF PHYSICIAN OWNERSHIP

In accordance with federal regulations (42 C.F.R. 416.50(a)(ii)) and the public law and applicable rules of the State of New Jersey, Board of Medical Examiners (C.26:2H-12; N.J.A.C. 13:35-6.17), a physician, podiatrist and all other licensees of the Board of Medical Examiners must inform patients of any significant financial interest in a health care service.

Paramus Endoscopy, LLC dba Surgical & Endoscopy Center of Bergen County is owned by the following physicians as well as Hackensack University Medical Center (HUMC) and United Surgical Partners International (USPI):

Eric Avezzano	Anthony Delillo	Anna Korkis	Stephen Margulis
Vivian Bethala	David Feit	Donald Kutner	George Nikias
Crystal Broussard	David Felig	Steven Leibowitz	Robert Pittman
Aditi Chhada	Richard Golding	Robert Levine	Eric Rosendorf
Holly Cullen	Simon Kahn	Rosario Ligresti	Mark Tanchel
Jeffrey Danzig	Bon Chang A. Koo	Richard Lin	

Accordingly, please take notice that the physician who will be performing your procedure has a financial interest in the health care service for which you are being referred.

You may, of course, seek treatment at a health care service provider of your own choice. A listing of alternative health care service providers can be found in the classified section of your phonebook under the appropriate heading or the Provider Directory provided by your insurance carrier.

ADVANCE DIRECTIVE

An Advance Directive is a document that states what kinds of treatment you do or do not want to receive should you become incapacitated and/or names another person to make those decisions for you. An advance directive may include a proxy directive or an instruction directive, or both. (N.J.A.C. 8:43A-1.3).

For more information on Advance Directives, please visit the following website:
www.state.nj.us/health/healthfacilities/documents/ltc/advance_directives.pdf

Please note that the Center does Not Honor DNR Orders (Do not resuscitate orders). Please contact our staff if you have any questions.

Other types of planning documents information can be found at:

<http://www.agingwithdignity.org/five-wishes.php>

http://www.lifeissues.org/euthanasia/pdf/your_life_your_choices.pdf

IF YOU have an advance directive or POLST (Physician Orders for Life Sustaining Treatment) please bring the document to the center at the time of your appointment.

CONFIDENTIALITY/HIPAA

It is our policy to ensure that only parties with legitimate interest have access to healthcare information and that there is a conscious effort by all employees to protect patient information through their work habits, computer transmissions, conversation, and handling of patient paperwork.

A summary of our privacy practices is available in our Center for your review.

MISSION

To provide first class surgical services for the local community in a safe, comfortable and welcoming environment; one in which we would be happy to treat our own families.

11. A patient is responsible to inform his/her provider about any living will, medical power of attorney, or other directive that could affect his/her care.
12. A patient is responsible to be respectful of all the health care providers and staff, as well as other patients.
13. If a patient is adjudged incompetent under applicable State laws by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed under state law to act on the patient's behalf.
14. If a state court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with State law may exercise the patient's rights to the extent allowed by State law

The Center Administrator will provide upon request to all patients and/or their families, the names, addresses, and telephone numbers of the following offices where complaints may be lodged:

Division of Health Facilities Evaluation and Licensing New Jersey Department of Health PO Box 367 Trenton, NJ 08625-0367 800-792-9770 Complaint Hotline	State of New Jersey Office of the Ombudsman for the Institutionalized Elderly PO Box 808 Trenton, NJ 08625-808 609 943-4023 877-582-6995 toll free
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Questions and Complaints

Patients can communicate concerns about patient safety issues that occur before, during and after care is received by contacting the Center

***Hackensack Endoscopy Center, Aaron Shechter, Administrator
170 Prospect Ave Suite 10, Hackensack, NJ 07601 (201) 498-0030***

***Endoscopy Center of Bergen County, Aaron Shechter, Administrator
80 Eisenhower Drive Paramus NJ 07652 (201) 336-1100***

The administrator shall also provide all patients and/or their families upon request with the names, addresses, and telephone numbers of offices where information concerning Medicare and Medicaid coverage may be obtained.

Bergen County Medicaid 201-368-4200	Bergen County Department of Human Services 201-336-7400
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The Medicare Ombudsman is available to the public and the Center's patients to get information about the Medicare and Medicaid programs, prescription drug coverage, and how to coordinate Medicare benefits with other health insurance programs. Information about filing a grievance or complaint can be obtained from their website, by mail or via phone.

CMS Medicare Contact Information:

Telephone: 1-800-MEDICARE 24 hours 7 days including some federal holidays
TTY/TDD users can call 1-877 486 2048. This system is available 24 hours 7 days per week.
Centers for Medicare & Medicaid Services 7500 Security Boulevard Baltimore MD 21244-1850
The website for the Medicare Ombudsman is:
<https://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

updated 9/12/17

IMPORTANT INSTRUCTIONS

Patients receiving sedation or anesthesia may not drive for the rest of the day.

You must have a responsible adult drive you home.

You may not walk home or take public transportation. You may not take a taxi home unless you have an adult friend or family member with you. All patient rides must arrive by 4:30pm.

Please call your doctor if you cannot get a ride.

Please Note: Woman 16-55 years old will be required to provide a urine specimen for pregnancy testing on admission.

If you are scheduled for a colonoscopy, please take the **colon prep solution** and follow diet orders as instructed by your physician. This usually includes having only clear liquids the day before your procedure. Nothing may be taken by mouth (NPO) after midnight before your procedure*.

If you are scheduled for an upper endoscopy, nothing may be taken by mouth (NPO) after midnight before your procedure*.

***For colonoscopy or upper endoscopy you may take your cardiac and blood pressure medications with sips of water at least 3 hours before your procedure.** Clear liquids (ex. apple juice, black coffee or tea, chicken broth) may be permitted until 3 hours before your procedure. **Please check with your doctor.**

IF YOU ARE NOT GETTING SEDATION FOR YOUR PROCEDURE PLEASE ASK YOUR DOCTOR WHEN TO STOP EATING AND DRINKING BEFORE YOUR PROCEDURE

If you are scheduled for a pain management injection: If you will be receiving sedation, follow instructions for upper endoscopy as above. For local injections (no i.v. sedation), you may have a light breakfast.

For all surgical procedures other than colonoscopy, upper endoscopy, or pain management injections:

Nothing to eat or drink for at least 8 hours before your surgery. For an early morning surgery, nothing by mouth after 11pm. You may take your cardiac and blood pressure medications with sips of water on the morning of your surgery.

Please note the above are minimum requirements of the Center. Your doctor's instructions may vary slightly. Feel free to call the center if you have questions or concerns about the above. 201-336-1100

Each patient receiving care at the Endoscopy Center, shall have the following rights:

1. The patient shall be informed verbally and in writing of his/her rights in before their procedure, in terms that the patient can understand. A signature acknowledging receipt of verbal and written notification of these rights shall be obtained on the day of the procedure; and will be obtained by the patient and or legal guardian and placed in the patient's chart as part of the permanent medical record.
2. The patient will be informed of the services offered at the Center, the names of the professional staff and their professional status of who is providing and/or responsible for their care, including information on the Center's provisions for emergency and after hours and emergency care.
3. The patient will be informed if requesting information of the fees and related charges, including the payment, fee, deposit, and refund policy of the Center and any charges not covered by third-party payers or by the Center's basic rate.
4. The patient will be informed of other Health Care and Educational Institutions participating in the patient's treatment.
5. The patient will be informed of the identity and the function of these institutions, and he/she has the right to refuse the use of such institutions.
6. The patient will be informed, in terms that the patient can understand, of his/her complete medical/health condition or diagnosis, the recommended treatment, treatment options, including the option of no treatment, risks of treatment, and expected results. If this information would be detrimental to the patient's health, or if the patient is not capable of understanding the information, then the information will be provided to the patient's next of kin or guardian. This release of information to the next of kin or guardian, along with the reason for not informing the patient directly will be documented in the patient's chart.
7. The patient will participate in the planning of his/her care, and has the right to refuse such care and medication. Upon refusal, it will be documented in the patient's chart and witnessed.
8. The patient will be included in experimental care if the patient has agreed to such and gives written and informed consent to such treatment, or when a guardian has consented to such treatment. The patient also has the right to refuse such experimental treatment, including the investigation of new drugs and medical devices.
9. The patient has the right to voice grievances or recommend changes in policies and services to the Center personnel, the Governing Authority and/or outside representatives of the patient's choice, free from restraint, interference, coercion, discrimination, or reprisal.
10. The patient will be free from mental and physical abuse, free from exploitation, and free from use of restraints unless they are authorized by a physician for a limited period of time to protect the patient or others from injury. Drugs and other medications shall not be used for discipline of patients or for convenience of the Center's personnel.
11. The patient will be assured of confidential treatment of information about him/herself. Information in the patient's medical record shall not be released to anyone outside the Center without the patient's approval, unless another Healthcare Center to which the patient was transferred requires that information, or unless the release of the information is required or permitted by law, a third party payment contract, or a peer review, or unless the information is needed by the State Department of Health for authorized purposes. The Center may release data about the patient for studies containing aggregated statistics when the patient's identity is masked.
12. The patient will receive courteous treatment, consideration, respect and recognition of the patient's dignity, individuality, and right to privacy, including, but not limited to, auditory and visual privacy. The patient's privacy shall also be respected when Center personnel are discussing the patient.
13. The patient will not be required to work for the Center unless the work is part of the patient's treatment and is performed voluntarily by the patient. Such work shall be in accordance with local, State, and Federal laws and rules.

14. The patient has the right to exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, or any attendance at religious services, shall be imposed upon any patient.
15. The patient has the right to expect and receive appropriate assessment management and treatment of pain as an integral component of that person's care.
16. The patient has the right to information regarding the Credentialing process of Health Care Professionals at the Center.
17. The patient shall be informed verbally and by written notice on date of the procedure, of his/her Physicians financial interest or ownership in the ASC.
18. The patient shall be informed verbally and offered written notice on the date of the procedure, information on the ASC's policy on Advance Directives, including a description of applicable State and safety laws and, if requested, official State Advanced Directive forms. The signed copy of patient acknowledgement and notification of the ASC policy on Advance Directives will be placed in the patient's chart as part of the permanent medical record.
19. The patient has the right to refuse any treatment and research, except as otherwise provided by law.
20. The patient will not be discriminated against because of age, race, religion, sex, nationality, or ability to pay, or deprived of any constitutional, civil, and/or legal rights solely because of receiving services from the Center.
21. The patient has the right to change their right to change their physician or other qualified healthcare provider if another provider is available or reschedule their procedure.
22. The patient has the right to be informed about procedures for expressing suggestions, including complaints and grievances, including those regulated by State and Federal regulations.
23. The patient has the right not to be misled by marketing or advertising regarding the competence and capabilities of the Center.
24. The patient has the right to be provided with appropriate information regarding the absence of malpractice insurance coverage.
25. The patient has the right to receive care in a safe setting free from all forms of abuse and harassment.

PATIENT RESPONSIBILITIES:

1. A patient is responsible for reporting unexpected changes in his or her condition to the Health Care provider.
2. A patient is responsible for reporting to the Health Care provider whether he or she comprehends a contemplated course of action and what is expected of him or her.
3. A patient is responsible for following the treatment plan recommended by the Health Care provider.
4. A patient is responsible for keeping appointments and, when he or she is unable to do so for any reason, for notifying the Health Care provider or Health Care Center.
5. A patient is responsible for his or her actions if he or she refuses treatment or does not follow the health care provider's instructions.
6. A patient is responsible for assuring that the financial obligations of his or her health care are fulfilled as promptly as possible.
7. A patient is responsible for following health care Center rules and regulations affecting patient care and conduct.
8. A patient is responsible to provide complete and accurate information about his/her health, any medications, including herbals and over the counter supplements and any allergies or sensitivities.
9. A patient is responsible to follow the treatment plan prescribed by his/her Provider.
10. A patient is responsible to provide a responsible adult to transport him/her home from the Center (if the patient is receiving anesthesia) and remain with him/her for 24 hours if required by his/her provider.