



316 South 6th Street, Monroe, LA 71201 • 318.327.3107

Billing/Insurance Disclosure

There will be three, possibly four, fees for your procedure:

(1) Facility Fee from **Endoscopy Center of Monroe, Inc.**

What does the Facility Fee cover?

- Drugs/Medications. The Center utilizes drugs/medications during your procedure to make you comfortable.
- Medical Supplies/Equipment. The Center utilizes state of the art video equipment.
- Nursing Staff/Personnel. The Center is committed to providing a quality professional staff.
- Miscellaneous building and facility costs.

(2) Anesthesia Fee from **Endoscopy Center of Monroe, Inc.**

What does the Anesthesia Fee cover?

- Anesthesia Services: Pre, Intra and Post Care anesthesia services provided by a staff Certified Registered Nurse Anesthetist (CRNA).
- This fee is a separate line item charge by Endoscopy Center of Monroe but it is included on the same facility statement. This charge is not included in the Facility Fee.

(3) Physician's Fee from **Your Physician.**

(4) Pathology Fee from a **Pathology Laboratory** - only if biopsies are performed or tissue removed.

Endoscopy Center of Monroe's insurance representative will contact your insurance company to verify benefits. If you have not met your deductible, you will be contacted and asked to bring your portion of the deductible or co-insurance amount to your appointment. You may be asked to bring two separate checks, one for Endoscopy Center of Monroe and one for Your Physician.

Endoscopy Center of Monroe, Inc.

- *Endoscopy Center of Monroe, Inc. is not part of your physician's office.* It is a State Licensed and Medicare Certified Ambulatory Surgery Center.
- Endoscopy Center of Monroe, Inc. is similar to a hospital out-patient endoscopy unit. A separate Facility Fee and Anesthesia Fee are charged just as if you were having your procedure performed at the hospital.

Health care services may be provided to you at a network health care facility by facility-based physicians who are not in your health plan. You may be responsible for payment of all or part of the fees for those out-of-network services, in addition to applicable amounts due for co-payments, co-insurance, deductibles, and non-covered services. Specific information about in-network and out-of-network facility-based physicians can be found at the website address of your health plan or by calling the customer service telephone number of your health plan.

_____ Endoscopy Center of Monroe, Inc. is a participating primary provider contracted with the enrollee's or insured's health insurance issuer on the date services are to be rendered, based on the information received from the enrollee or insured at the time the confirmation is provided. You are responsible for deductibles, co-payments and any co-insurance up to the negotiated contractual amount.

_____ Endoscopy Center of Monroe, Inc. is **NOT** a participating primary provider contracted with the enrollee's or insured's health insurance issuer on the date services are to be rendered, based on the information received from the enrollee or insured at the time the confirmation is provided. You will be responsible for the fee charged less what your insurance company pays.

Ancillary Service Providers:

Endoscopy Center of Monroe, Inc. submits specimens (biopsies) to the laboratory listed below. If your insurance coverage requires that a specimen be sent to a specific laboratory, please notify the receptionist immediately. This laboratory has contracted with most payors, including Medicare. If the laboratory is out-of-network with your insurance company, it will only bill "in-network" charges. The lab's patient billing brochure is available on site.

Pathology: GI Pathology / Poplar Healthcare
3495 Hacks Cross Rd., Memphis, TN 38125
1.888.244.7284 • www.gipath.com

- There are no other ancillary providers.



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PATIENT BILL OF RIGHTS

Physicians on staff: H. Hill Hinkle, M.D., B. Raj Bhandari, M.D., C. Butch Dunn, M.D.; Arthur E. Richert, M.D., C. Collins Coon, M.D., Brian T. Levatino, M.D., and Vincent C. Herlevic, M.D.

ENDOSCOPY CENTER OF MONROE, INC. adopts and affirms as policy the following rights of patients who receive services from our facility. This policy affords you, the patient, the right to:

Considerate and respectful care, free from abuse, harassment and neglect.

Receive care in a safe setting.

Receive, upon request, the name of the person in charge of your care. Credentialing information on your physician is also available upon request.

Obtain from the person responsible for your health care complete and current information concerning your diagnosis, treatment and expected outlook in terms you can be reasonably expected to understand. When it is not medically advisable to give such information to you, the information shall be made available to an appropriate person on your behalf.

Receive information necessary to give informed consent prior to the start of any procedure and/or treatment, except for an emergency situation. This information shall include, at a minimum, an explanation of the specific procedure or treatment itself, its value and significant risks and an explanation of other consequences of our action.

Refuse treatment and to be informed of the medical or other consequences of your action.

Change physician if other qualified physicians are available. Know the facility's rules and regulations that apply to your conduct as a patient.

Privacy to the extent consistent with adequate medical care. Case discussions, consultation, examination and treatment are confidential and should be conducted discreetly.

Privacy and confidentiality of all records pertaining to your treatment, except as otherwise provided by law or third party payment contract.

A reasonable response to your request for services customarily rendered by the facility and consistent with your treatment. A list of services are provided in the facility's brochure.

Expect reasonable continuity of care and to be informed, by the person responsible for your health care, of possible continuing health care requirements following discharge, if any.

The identity, upon request, of all health care personnel and health care institutions authorized to assist in your treatment.

Refuse to participate in research. Human experimentation affecting care or treatment shall be performed only with your informed consent.

Advanced Directives: Endoscopy Center of Monroe, Inc. does not honor Advanced Directives.

Itemized explanation of your bill - Upon request, we provide you an itemized explanation of your bill. If uninsured/self-pay we will provide a good faith estimate per the "No Surprise Act".

Treatment without discrimination as to race, color, religion, sex, national origin, source of payment, political belief or handicap.

If having a procedure, you may choose any of the facilities in which your physician has staff privileges.

The following physicians have a financial interest in the facility: H. Hill Hinkle, Arthur E. Richert, Brian T. Levatino, Vincent C. Herlevic, 611 Grammont St., Monroe, LA 71201; B. Raj Bhandari, 616 S. Washington St., Bastrop, LA 71220; C. Butch Dunn, M.D., 302 McMillan Rd., West Monroe, LA 71291.

Transportation Policy: Sedated patients must have a designated driver to drive them home. Sedation may affect cognitive skills and risk safety, therefore you can NOT drive yourself and you must have a designated driver.

Electronic Recording Devices: Voice/Video recording is not allowed. HIPAA privacy laws prohibit the use of any such devices.

Read the Privacy Notice for information on policies for expressing suggestions, grievances, and external appeals, as required by state and federal law and regulations.

Inquiries: Administrator:
Andy W. Waldo, IV
316 S. 6th St.
Monroe, LA 71201
Phone: (318) 327-3105

LA Dept of Health & Hospitals
P.O. Box 3767
Baton Rouge, LA 70821
Phone: (225) 342-0138
Fax: (225) 342-5292

Medicare Ombudsman
www.cms.hhs.gov/center/ombudsman.asp
Phone: (800) 633-4227