

# 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 Pre-Admission nurse OR 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 have small children, please bring additional adults to supervise them in the waiting area.
- 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 Pre-Admission nurse OR 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.

- In the event of medical need, you may require transfer to the Emergency Department and admission to the hospital
- Please arrange for a responsible person to drive/escort you home at time of discharge, your driver will 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, call 911 and/or seek medical attention from the local emergency room.**

## Licensed Driver:

To ensure your safety after discharge, we request that you 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

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, x-rays, 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 or 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 and questions about how to pay for your bill.

## **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 Rights and Responsibilities: Verbal or Written communication**

EVANGELICAL COMMUNITY HOSPITAL ENDOSCOPY CENTER Conditions of Coverage require that each patient or the patient's representative receives the Patient's Rights and Responsibilities. Please call 570-768-3300 prior to the procedure, if you desire verbal communication of your rights. Written communication is provided on the Endoscopy Center website or via the Patient Rights and Responsibilities brochure. ECHEC website: [www.evanhospital.com/echech](http://www.evanhospital.com/echech)

## **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.
- Contact the ECH Endoscopy Center with complaints.
- 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 or Evangelical Community Hospital Patient/Guest Relations.
- The patient or patient's representative will be notified that an internal investigation is being conducted.
- The PA Department of Health (DOH) is also available to assist you with any questions or concerns about your care. You can reach the DOH by calling 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

- You may also contact the Accreditation Association of Ambulatory Health Care Inc. (AAAHC). AAAHC can be reached at 1/847/853-6060 or in writing at:

Accreditation Association for Ambulatory Health Care Inc  
3 Parkway North, Rd Ste 201  
Deerfield, IL 60015  
Email Address: [Info@aaahc.org](mailto:Info@aaahc.org)

### **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.

**For information on the Pennsylvania Patient Safety Authority go to:**

[www.patientsafetyauthority.org](http://www.patientsafetyauthority.org)

**Website for the Centers of Disease Control and Prevention:**

[www.cdc.gov/mmwr/international/relres.html](http://www.cdc.gov/mmwr/international/relres.html)