

Facey Medical Group

With  Providence

Facey Endoscopy Center



Welcome to Facey Endoscopy Center. You're scheduled for a procedure at our facility and we look forward to assisting in your care. We provide care to patients without an overnight stay. Our patients recover from sedation in our facility after their procedure and then are discharged to home.

Most of your questions about your visit should be answered in this brochure. If they are not, please feel free to call us at **818-869-7628**.

For additional information about our center and your care you may visit our website at: Providence.org/FaceyEndoscopy

**YOU ARE SCHEDULED FOR
A PROCEDURE AT THE
FACEY ENDOSCOPY CENTER:**

DATE:

TIME:

OUR SPECIALITY

A colonoscopy is...

Also known as a lower GI endoscopy, is a diagnostic procedure used to obtain photograph, inspect and diagnose conditions within the lower gastrointestinal tract and digestive system. A thin tube with a camera at the end is inserted through the rectum and displays images of your colon onto a monitor in real-time. **FOR THIS PROCEDURE YOU WILL NEED TO TAKE A PREP.**

An upper endoscopy is...

Also know as an Esophagogastroduodenoscopy (EGD), is a diagnostic procedure used to examine the lining of the esophagus or swallowing tube, stomach, and the upper part of the small intestine (duodenum). A thin tube with a tiny camera at the end is inserted through the mouth and displays images in real-time. During both procedures your doctor may decide to take tissue samples. This is done through the tube and all samples are sent to our lab. Results from the lab may take approximately 7-10 days.

PREPARATION

Depending on the type of procedure you are having, you may need to take a prescribed preparation. This preparation when taken as prescribed, is vital for our doctors to have the best view of your colon.

The colon preparation is intended to cause diarrhea. The goal is to have watery stools that will be pale yellow with tiny flecks.

The evening before procedure



- **DO NOT** eat or drink anything (including water) after midnight (12 a.m.). A Nurse will discuss this with you during your pre-admission phone call. In a few instances, there are exceptions to this rule.



- **DO NOT** smoke 12 hours before your procedure.

- **DO** follow the instructions given to you at the time of your clinic visit and/or pre-admission phone call regarding medication that you take regularly.
- **DO** carefully follow your prep instructions given and reviewed by the clinic staff.
- **DO** get a good night's sleep!

The morning of the procedure

- **DO** follow all of the instructions given by our nurse.
- **DO** bathe or shower. Brushing your teeth and rinsing your mouth with water is allowed
- **DO** arrive at the Endoscopy Center at your given arrival time.
- **DO** dress comfortably in loose-fitting clothes. During your procedure you will wear a patient gown provided by the Endoscopy Center. You may wear socks into your procedure and we will provide non-skid foot wear. Our facility is air-conditioned. You and your visitor may want to bring a sweater.
- **DO** bring your eyeglasses or hearing aid if you need them. Contact lenses and removable dentures or bridgework may need to be removed. Please bring containers for them.
- **DO NOT** bring any jewelry or other valuables with you. Facey Endoscopy Center cannot be responsible for them.
- **DO** bring your insurance information and picture ID to expedite the admission process and ensure proper billing.
- **DO** bring a method of payment for any deductibles or co-pays and prescriptions. Your doctor may write a prescription for post procedure medications.
- **DO** arrange for an adult to drive you home. We will cancel your procedure if you do not have a driver to take you home. **If you are using a non-medical car service (UBER, Lyft) you will still require an escort home.**
- **DO** limit the number of people who come with you. We suggest ONE PERSON (who will drive you home).

INSURANCE INFORMATION

We know that health care insurance can be confusing. Please take a brief moment to review this page to help you understand some key points about your insurance as it relates to your procedure.

- Facey Endoscopy Center will give you an estimate of your portion of the cost of your procedure. This estimate is based on the procedure(s) your physician has scheduled and the type of insurance plan you have.
- It is important to know that this is only an estimate. Sometimes things change and additional or sometimes less procedures may be performed than was known when the surgeon scheduled your procedure. These changes can affect your final financial responsibility to Facey Endoscopy Center, either more or less.
- We expect payment prior to your procedure. Payments include your copays, coinsurance and any deductible amounts that are due.
- A copay is a form of medical cost sharing in a health insurance plan that requires an insured person to pay a fixed dollar amount when a medical service is received. In most cases, the insurer is responsible for the rest of the reimbursement. There may be separate copayments for different services. Some plans require that a deductible first be met for some specific services before a copayment applies. Some plans require both a copay and coinsurance.
- A deductible is a fixed dollar amount during the benefit period (usually a year) that an insured person pays before the insurer starts to make payments for covered medical services. Plans may have both per individual and family deductibles. Some plans may have separate deductibles for specific services. For example, a plan may have a hospitalization deductible per admission. Deductibles may differ if services are received from an approved provider or if received from providers not on the approved list.

- Coinsurance is a form of medical cost sharing in a health insurance plan that requires an insured person to pay a stated percentage of medical expenses after the deductible amount, if any, is paid. Once any deductible amount and coinsurance/copay are paid, the insurer is responsible for the rest of the reimbursement for covered benefits up to allowed charges: the individual could also be responsible for any charges in excess of what the insurer determines to be “usual, customary and reasonable”. Coinsurance rates may differ if services are received from an approved provider (i.e., a provider with whom the insurer has a contract or an agreement specifying payment levels and other contract requirements) or if received by providers not on the approved list. In addition to overall coinsurance rates, rates may also differ for different types of services.
- Our bill is from the Facey Endoscopy Center.
- You may receive a separate professional bill from Facey Medical Foundation
- Facey Endoscopy Center will bill your procedure to your insurance company and, if applicable, a secondary insurance carrier.
- You are responsible for the charges associated with your procedure.
- If we discover you have overpaid us, we will issue a refund.

For billing questions please contact:

Patient Accounts and Billing

Monday – Friday, 8 a.m. – 5 p.m.

Toll Free: 844-888-3593

FACEY ENDOSCOPY CENTER PATIENT BILL OF RIGHTS

You have the right to:

- Considerate and respectful care, and to be made comfortable. You have the right to respect for your cultural, psychological, spiritual, and personal values, beliefs and preferences.
- Have a family member (or other representative of your choosing) and your own physician be notified promptly of your admission to the surgery center.
- Know the name of the physician who has primary responsibility for coordinating your care and the names and professional relationships of other physicians and non-physicians who will see you.
- Receive information about your health status, diagnosis, prognosis, course of treatment, prospects for recovery and outcomes of care (including unanticipated outcomes) in terms you can understand. You have the right to effective communication and to participate in the development and implementation of your plan of care. You have the right to participate in ethical questions that arise in the course of your care, including issues of conflict resolution, withholding resuscitative services, and forgoing or withdrawing life-sustaining treatment.
- Make decisions regarding medical care, and receive as much information about any proposed treatment or procedure as you may need in order to give informed consent or to refuse a course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved, alternate courses of treatment or non-treatment and the risks involved in each, and the name of the person who will carry out the procedure or treatment.
- Request or refuse treatment, to the extent permitted by law. However, you do not have the right to demand inappropriate or medically unnecessary treatment or services. You have the right to leave the center even against the advice of physicians, to the extent permitted by law.

- Be advised if the surgery center/personal physician proposes to engage in or perform human experimentation affecting your treatment or services. You have the right to refuse to participate in such research projects.
- Reasonable responses to any reasonable requests made for services.
- Appropriate assessment and management of your pain, information about pain, pain relief measures and to participate in pain management decision. You may request or reject any use of any or all modalities to relieve pain, including opiate medication, if you suffer from severe chronic intractable pain. The doctor may refuse to prescribe the opiate medication, but if so, must inform you that there are physicians who specialize in the treatment of severe chronic pain with methods that include the use of opiates.
- You have the right to present an advance directive, such as a living will healthcare proxy. A copy of any advance directive may be provided to the surgery center and physician. However, it is our policy for the staff to provide all life saving methods to any patients in an emergency situation.
- Have personal privacy respected. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. You have the right to be told the reason for the presence of any individual. You have the right to have visitors leave prior to an examination and when treatment issues are being discussed. Privacy curtains will be used in semi-private rooms.
- Confidential treatment of all communications and records pertaining to your care and stay in the surgery center. You will receive a separate "Notice of Privacy Practices" that explains your privacy rights in detail and how we may use and disclose your protected health information.
- Receive care in a safe setting, free from mental, physical, sexual or verbal abuse and neglect, exploitation or harassment. You have the right to access protective and advocacy services including notifying government agencies of neglect or abuse.
- Be free from restraints and seclusion of any form used as a means of coercions, discipline, convenience or retaliation by staff.
- Reasonable continuity of care and to know in advance the time and location of appointments as well as the identity of the persons providing the care.
- You have a right to change providers within the same speciality (if a same day change of providers is requested, we will work to accommodate the next available scheduled appointment)
- Be informed by the physician, or a delegate of the physician, of continuing health care requirements and options following discharge from the Endoscopy Center. You have the right to be involved in the development and implementation of your discharge plan. Upon your request, a friend or family member may be provided this information also.
- Know which Endoscopy Center rules and policies apply to your conduct while a patient.
- Designate visitors of your choosing, if you have decision-making capacity, whether or not the visitor is related by, blood, or marriage, unless;
 - The facility reasonably determines that the presence of a particular visitor would endanger the health or safety of a patient, a member of the health facility staff or other visitor to the health facility, or would significantly disrupt the operations of the facility.
 - You have told the health facility staff that you no longer want a particular person to visit.
- Have your wishes considered, if you lack decision-making capacity, for the purposes of determining who may visit. The method of that consideration will be disclosed in the surgery center policy on visitation. At a minimum, the surgery center will include any persons living in your household.

- Examine and receive an explanation of the surgery center's bill regardless of the source of payment.
- Exercise these rights without regard to sex, economic status, educational background, race, color, religion, ancestry, national origin, disability, sexual orientation or marital status or the source of payment for care.
- If you want to file a grievance regarding your care, you may do so by calling the Providence Customer Relations line at 855-359-6323.
- File a complaint with the state Department of Health Services. The state Department of Health Service's phone number is toll free 877-696-6775
- MDs are licensed and regulated by the Medical Board of CA. To check a license of or to file a complaint: mbc.ca.gov or licensecheck@mbc.ca.gov or 800-633-2322

PATIENT RESPONSIBILITIES

You have the responsibility to:

- Provide to the best of your knowledge an accurate and complete description of your present condition and past medical history, including past illnesses, medications, and hospitalizations.
- Make an effort to understand your health care needs and ask your physician or other members of the health care team for information relating to your treatment.
- Report any changes in your condition to your physician and indicating whether you understand a suggested course of action.
- Inform those who treat you whether or not you think you can and want to permit or decline specific treatment.
- Take responsibility for your well being if you do not follow the physician's instructions or refuse treatment.
- Follow the center's policies, which affect patient care and conduct.
- Abide by local, state and federal laws.
- Keep appointments and cooperate with your physician and others caring for you.
- Meet your financial commitment to the center.
- Be considerate of other persons and uphold the rights of all patients as observed by the surgery center.

PATIENT RIGHTS AND RESPONSIBILITIES COMMENT POLICY

The Endoscopy Center provides for and welcomes the expression of comments, concerns, criticism and suggestions from our patients and patient's family. This feedback allows the Center to understand and improve patient's care and environment. Every patient has the right to file a grievance with any staff member or the center's administrator. The grievance process starts with the administrator. If the patient is not satisfied, the process is given to the corporate compliance officer.

At any time, or in the event the problem is still not resolved, the patient has the right to file a complaint with the state Department of Health Services at 877-696-6775/800-554-0354 or with the Centers for Medicare and Medicaid Services at cms.hhs.gov/center/ombudsman.asp.

This Patient Rights document incorporates the requirements of Accrediting Healthcare Organizations; Title 22, California Code of Regulations, Section 70707; Health and Safety Code Sections 1262.6, 1288.4, and 124960; and 42 C.F.R. Section 482.13 (Medicare Conditions of Participation).

ADVANCED DIRECTIVES

Advance directives are legal documents that allow you or a person you choose, make healthcare decisions and decisions about end-of-life, in advance. They provide a way for you to communicate your wishes to family, friends and health care professionals, and to avoid confusion later on. A living will tells how you feel about care intended to sustain life. You can accept or refuse medical care.

There are many issues to address, including but not limited to:

- The use of life sustaining machinery, ventilators, dialysis
- Whether or not you want to be resuscitated if breathing or heartbeat stops
- Tube feeding and other life sustaining processes
- Organ or tissue donation

A durable power of attorney gives someone else legal authority to act on your behalf, and it continues even if you lose your mental capacity. This document names your health care proxy. Your proxy is someone you trust to make health decisions if you are unable to do so.

While all of these documents play a very important role as to how healthcare decisions are made on your behalf, it is the policy of Facey Endoscopy Center that we suspend/do not honor advance directives during your care at the facility.

If you do not have an advance directive and would like more information, we will be happy to provide a brochure for you during your appointment.

You have selected Facey Endoscopy Center, a federally recognized Medicare Certified Ambulatory Surgery Center, for your health care services.

FACEY ENDOSCOPY CENTER

11333 N. Sepulveda Blvd.
Third Floor, Suite 3200
Mission Hills, CA 91345

818-869-7628

Facey Endoscopy Center is open
Monday-Friday, 7 a.m.-5 p.m.



*We are dedicated to the Providence promise
"Know me, care for me, ease my way."*

Facey Medical Group

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[Providence.org/FaceyEndoscopy](https://www.Providence.org/FaceyEndoscopy)