

## Welcome to our Endoscopy Center

### Physician Ownership Disclosure:

Tri-State Digestive Disorder Center, ASC is owned and operated by Tri-State Gastroenterology Associates; therefore your physician may have a financial interest in this facility.

### Insurance:

If you have insurance coverage, your insurance company will be billed for the facility (ASC) and physician charges. **You are responsible for any remaining balance and outpatient deductible or Co-Pay.** You may also have a Laboratory bill for any biopsies or blood work

### Procedures Available:

TSDDC performs procedures, such as:

- EGD (Esophagogastroduodenoscopy)
- Esophageal Dilation
- Colonoscopy
- Flexible Sigmoidoscopy
- Small Bowel Enteroscopy Liver Biopsy
- Gastrostomy Tube Replacement
- Hemorrhoid Banding

### Licensure and Accreditation:

TSDDC is licensed by the Commonwealth of Kentucky as an Ambulatory Surgery Center (ASC) and is accredited by the Accreditation Association for Ambulatory Healthcare (AAAHC). We are also certified by the Centers for Medicare and Medicaid Services (CMS) as a participant in the Medicare Program. TSDDC was recognized by the American Society of Gastrointestinal Endoscopy (ASGE) for Promoting Quality in Endoscopy.

### Physician Credentials:

All physicians providing care at TSDDC are Certified by the Certifying Board of Gastroenterology and approved and credentialed by the Governing Board of TSDDC.

*The following is a summary of your Patient Rights & Responsibilities. Further information is available at the Facility*

### Patient Rights:

- To considerate, respectful and quality care
- To be informed of all available services and to receive these services regardless of age, race, religion, sex, sexual orientation, marital status, or national origin.
- To obtain complete and current medical information, including explanation of treatments and prognosis in terms that can reasonably be understood
- To receive from his/her physician information necessary to give informed consent prior to any procedure
- To expect that within its capacity the Facility must make reasonable response to the request for services
- To obtain information as to any relationship of this facility to any other Health Care Institution
- To refuse treatment and be informed of the consequences of this refusal
- To privacy concerning his/her medical treatment
- To refuse to participate in experimental research
- To receive an itemized copy of his/her account statement upon request regardless of source of payment
- To approve or refuse the release or disclosure of the contents of his/her medical record.
- To know what Facility rules and regulations apply to his/her conduct.
- To express complaints about care and services provided, voice grievances and recommend changes without fear of reprisal. Info on this is at the facility.

### Patient Responsibilities:

- Provide full information regarding health history and update changes as they occur.
- Show consideration to others
- Cooperate with their physician and the Facility Staff, following policies and procedures.
- Understand the course of treatment directed
- Inform Staff how they feel and their needs
- Discuss additional consultation
- Provide the Facility with complete and updated insurance and financial information
- To provide a responsible adult (age 18 or older) to accompany them home after sedation
- To be responsible for keeping appointments and notifying if unable to do so.

### Advance Directives

This serves as your notice that this facility does not honor Advance Directives. If you do not agree with this policy, let us know and you may be scheduled at another location.

### Keep your Appointment:

If you cannot keep your appointment, please notify us within 72 hours of your appointment or you may be charged a **\$75 no show/cancellation fee.** To cancel you may call our CANCELLATION LINE at 859-655-4580 and leave a message. You may also call 859-655-4490 to speak with PROCEDURE SCHEDULING.

### About the Facility and your Procedure:

The Facility Doors OPEN at **6:15 am** daily.

Every patient undergoing a procedure with moderate sedation will be required to have a **Responsible Adult** (age 18 or older) to **STAY** with them during their entire visit AND someone to drive them home (this may be the responsible adult). We recommend that you have this Responsible Adult stay with you until you have recovered fully from your sedation.

Patients **will not be admitted** unless a responsible adult is with them and they have a ride home. Patients **will not be allowed** to go home by taxi unless a Responsible Adult (18 or older) is with them.

Those waiting for you, may want to bring a sweater. We DO have coffee and tea and a snack/soft drink vending machine for those waiting for patients. We DO have Wi-Fi and a TV in our waiting area. Also, **TSDDC is a NO SMOKING FACILITY AND CAMPUS (this includes the parking area).**

Please wear loose fitting, comfortable clothing and low heeled shoes. We recommend a short sleeve shirt, to make starting your IV easier.

If you wear glasses, these will be removed before your procedure, bring a case if you would like.

If you are having an upper endoscopy, you will need to remove any dentures or partials, we provide cups for these.

**Please leave your valuables at home; we are not responsible for broken or lost items.**

Please note that every procedure experience is different and this one may not be the same as you have experienced with other procedures.

## IMPORTANT

*You will be asked to acknowledge receipt of this information on the day of your procedure.*

*Please bring the following on the day of your procedure:*

- ✿ This pamphlet and your prep instructions
- ✿ ALL of your Medical Insurance Cards
- ✿ Your Drivers License or Picture ID
- ✿ A copy of your Power of Attorney (POA) if necessary
- ✿ If applicable: your inhaler; contact lens container and solution (if you need to remove them); glasses case; hearing aid(s) and container to put them in, if removed; any medication you have started or changed since your contact with the endoscopy center
- ✿ A Responsible Adult (age 18 or older) to stay here at the facility during your visit as well as someone to drive you home if not your Responsible Adult.
- ✿ Bring or wear socks for your own comfort.

### **Before Your Procedure (at least 4-5 days prior to your procedure):**

You will be notified by the ASC staff as to your arrival time at least 3 days prior to your procedure.

Review the information in this pamphlet and be prepared to ask questions when contacted by the Endoscopy Staff.

Inform your Responsible Adult and Ride if they are not the same, the date and time of your procedure and that they must remain at the facility. If the scheduled day or time is not good for them, be prepared to reschedule when contacted by the Endoscopy Staff.

### **You must have had contact with the Endoscopy Staff prior to your procedure.**

**Review your Prep Instructions (do not follow the directions on the container). Complete the entire prep even if you are clear from the first dose.**

### **On the Day of the Procedure:**

Arrive at the time that was given to you. It is important to know that this **time is NOT** the time your procedure will begin. You are asked to arrive early to allow for registering and preparation.

After registering, you will be called to the prep area where your family/friend may join you after your IV is started.

You are **responsible** for informing your admitting nurse if you did not take your entire prep or if your results are not clear (liquid that you can see through).

**Remember** your Responsible Adult (18 years or older) must stay at the Facility the entire time you are here and at home with you until you are fully recovered from the sedation.

### **After My Procedure:**

You should expect to be in the Recovery Area 30-45 minutes. It is advisable to be on your way home in as short amount of time as possible. You will be seen by your doctor prior to discharge.

Your Responsible Adult will be brought to the Recovery Area (unless you request not to have them with you) prior to discussing the results of your procedure and giving instructions.

You may eat whatever you want after discharge unless your doctor has ordered otherwise. We ask that you **DO NOT** stop at a restaurant to eat on the way home because you may continue to experience drowsiness due to your sedation, causing you to be unsteady on your feet or too drowsy to eat (this may last for approximately 8 hours after your procedure).

### **You should review your Post Procedure Instructions once you are fully awake.**

You should be able to return to your normal activity the day after your procedure. You will receive a call from our staff the day after to see how you are doing. If you are having NO problems, you DO NOT have to return this call. If you are having problems or questions, please call 859-655-4560 to speak to a Communicator.



**TRI-STATE  
DIGESTIVE  
DISORDER  
CENTER**

*We are located in the lower level of  
Tri-State Gastroenterology Assoc.at:*

**425 Centre View Blvd.  
Crestview Hills, Ky. 41017**

*Our Facility Phone is:*  
**859-655-4475**

*Our e-mail address (for questions regarding  
your procedure) is*  
**endocenter@tsddc.com**

*For more Information visit our Web Site at:*  
**[www.tristategastro.com](http://www.tristategastro.com)**

*(Patient Entrance is Under Canopy—there is NO  
ENTRY to the lower level from the upper level)*

### **Our Mission Statement:**

*"To provide compassionate, high quality,  
cost-effective care to patients with  
gastrointestinal related problems."*