

As a patient you have the right to:

- Request or refuse treatment. Be free from all forms of abuse or harassment.
- Be involved in your plan of care, including pain management, discharge planning, and your healthcare decisions.
- Receive quality treatment and care in a safe setting.
- Be treated with dignity and respect, without discrimination, and receive prompt and courteous treatment.
- Practice your own cultural and spiritual beliefs that do not interfere with the well-being of others.
- Have privacy respected, with communications and records confidentiality.
- Know the name and role of any person providing services to you.
- Receive information regarding your care in terms you can understand before any treatment.
- Be informed about the outcomes of your care, including unanticipated outcomes.
- Receive information and have a choice in treatment, referral or transfer to a different facility if you choose or when recommended by your physician.
- Receive information regarding your needs for continuing care after discharge.
- Have access to your medical record and receive information regarding charges and available payment methods.
- Have pain needs recognized and addressed promptly.
- Formulate Advance Directives and have practitioners and staff provide care consistent with these directives to the extent permitted by law.
- Have freedom from seclusion and restraints unless clinically necessary.
- Contact the Director of The Endoscopy Center if you have a grievance or complaint concerning the quality of your care.
- If a patient is adjudged incompetent under applicable State health and safety 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.
- 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.

As a patient, you and your family have the responsibility to:

- Respect the privacy and confidentiality of other patients.
- Respect the right of other patients and staff. Follow all The Endoscopy Center rules and regulations pertaining to safety, smoking, noise, general conduct, and procedures.
- Inform staff of all past illnesses, previous hospitalizations, and current medications.
- If you have Advance Directives, provide a copy to The Endoscopy Center.
- Notify staff when you are in pain and assist with your pain management.
- Follow the treatment plan established by the physician and health care providers.
- Be responsible for your own actions if treatment is not followed and recognize the impact of your lifestyle choices on your personal health.
- Ask questions regarding your treatment procedures.
- Provide information concerning your ability to pay for services rendered.
- Work with staff to provide for resources to assist with your care after discharge.
- Inform staff of any complaints or grievances.

Patient Grievance Procedure:

During your stay, if you have comments or questions, please ask to speak with the Charge Nurse. To file a written comment, question, or concern with our facility, you may write to:

The Endoscopy Center, Inc.
Attn: Endoscopy Center Director
2820 Mt. Rushmore Rd.
Rapid City, SD 57701

At any time, a patient or his/her representative may contact the South Dakota Department of Health at:

South Dakota Dept. of Health
Licensure and Certifications
615 East 4th Street
Pierre, SD 57501
Phone: (605) 773-3356

www.cms.hhs.gov/center/ombudsman.asp

Comments, questions, or concerns to this facility will be addressed within ten (10) business days.



Advance Directive Information

Patients who are capable of making their own health care decisions have the right to consent to, to reject and to withdraw consent for medical procedures, treatments, or interventions. They may say yes, no, or "I will think about it." For patients who are incapable, someone else must make decisions for them.

For many patients, this possible loss of control is a concern. Should they try to designate someone else to speak for them? How do they protect and effectively transfer their right to choose to a person whom they know will speak their mind and heart? Those concerns can be addressed by signing an advance directive - a document that sets out guidelines for your future care. The two most common types of advance directives are the durable power of attorney for health care and the living will.

You have the right to have either or both document(s) as long as you are capable of making decisions for yourself. Once you are incapable of making your own decisions, you lose the opportunity to choose someone to speak for you or make your wishes known about future health care decisions. For that reason, durable powers of attorney for health care and living wills are like fire insurance - you must arrange it before the fire. If you become incapable of making your own decisions, the health care decisions made for you may not be those you would choose for yourself.

This information is based on South Dakota law and is designed to inform, not to advise. No person should ever apply or interpret any law without the aid of an attorney who knows the facts and may be aware of any changes in the law. This information was compiled by the South Dakota State Medical Association, the South Dakota Hospital Association, and the State Bar of South Dakota.

The Endoscopy Center, Inc. Policy on Advance Directives

"The Endoscopy Center, Inc. is a licensed ambulatory surgery center providing endoscopic services to those patients suitable for outpatient procedures. All efforts while caring for a patient will be to maintain the health status of the individual with a focus on detection, prevention and treatment of various GI disorders. Therefore, the physicians and staff providing care in The Endoscopy Center will, in every case, support those patients requiring cardio-pulmonary resuscitation until such time as an ambulance team, if needed, will take direct care of the patient and the patient is transported to a higher level of care."



Facility and Billing Information

Thank you for choosing to have your procedure at The Endoscopy Center, Inc.

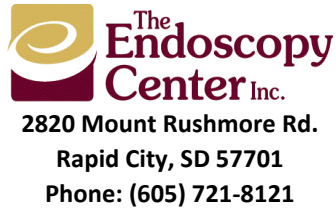
Be sure to bring picture ID, insurance cards, co-pay, or deductible portion of your procedure with you.

- The Endoscopy Center, Inc. is a free-standing ambulatory surgery center. Insurance companies consider your scheduled procedure outpatient surgery.
- Our mission is to provide a high quality endoscopic facility for diagnostic procedures with an emphasis on patient convenience, efficiency and cost effectiveness.
- The Corporation is physician owned and the physician performing your procedure may be a part owner in the facility.
- The Endoscopy Center, Inc. is licensed by the State of South Dakota, approved by the Federal Health Care Financing Administration, is a participating Medicare Part B provider, accredited by the Accreditation Association for Ambulatory Health Care, Inc., and recognized by the American Society for Gastrointestinal Endoscopy in their Endoscopy Unit Recognition Program.
- The Endoscopy Center, Inc. is located in leased space at 2820 Mount Rushmore Road on the first floor of the Rapid City Medical Center building. The Urgent Care parking lot is the most convenient parking for access to our facility.

You may receive up to five (5) separate bills for your procedure:

- The facility fee is separate from any physician's group practice and is billed through The Endoscopy Center, Inc. If you have supplied an e-mail for your instructions, an e-mail will be sent for you to register for the patient billing portal for The Endoscopy Center, Inc. For questions regarding this fee, please call (605) 721-8500.
- The fee for the physician performing your procedure is billed through the Rapid City Medical Center, LLP. For questions regarding this fee, please call (605) 721-8499.
- The fee for specimens: If specimens are taken during your procedure you will receive two separate bills:
 - GI Histology Lab at Rapid City Medical Center - For questions, please call (605) 721-8499.
 - Clinical Laboratory of the Black Hills - For questions, please call (877) 254-6522.
- The fee for anesthesia sedation: If you receive sedation from a Certified Registered Nurse Anesthetist, you will receive a bill from Peloton Anesthesia, PLCC. For questions regarding this fee, please call BCS at (888) 278-4126 and ask to speak with Patient Accounts.

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Release of Information - Assignment of Benefits - Financial Responsibility

Privacy Notice and Advance Directives. I acknowledge I received a copy of The Endoscopy Center's Privacy Notice, information regarding Advanced Directives, and Facility and Billing Policy and Information prior to receiving services at The Endoscopy Center, Inc.

Information regarding Advanced Directives given to patient as requested

Release of Information. I, the undersigned, authorize The Endoscopy Center, Inc. to disclose clinical information to physicians and facilities for the purpose of continued health care and to disclose all or portions of the patient's medical record to all applicable health plans and insurance carriers ("Health Plan(s)") and may mutually exchange information with the Health Plan(s) and with Rapid City Medical Center, LLP, Peloton Anesthesia PLLC, and Clinical Laboratories of the Black Hills (referred to as "Provider(s)") who provide care related to the service provided by The Endoscopy Center, Inc. for the purposes of treatment and reimbursement. I understand the Providers listed above are not employees of The Endoscopy Center, Inc. and will send a separate bill to me or my insurance.

Assignment of Benefits. I authorize The Endoscopy Center, Inc. and Provider(s) to bill my Health Plan(s) at a rate not to exceed the respective charges of The Endoscopy Center, Inc. and/or Provider(s) and hereby direct my Health Plan(s) to make direct payment to The Endoscopy Center, Inc. or to Provider(s) as the case may be. The undersigned authorizes the use of this signature on all insurance claim submissions. A photocopy of this assignment is to be considered as valid as the original.

Guarantee of Account. I understand I am financially responsible for payment of the billed charges of The Endoscopy Center, Inc. and Provider(s) if I do not have a Health Plan(s) or if the services are not covered by my Health Plan(s). If I have a Health Plan and The Endoscopy Center, Inc. and/or Provider(s) are participating providers in my Health Plan(s) and the services are covered services under my Health Plan(s), I will be financially responsible for the charges determined by my Health Plan(s) as my responsibility, including but not limited to copays and deductibles. Patients covered by **VA, IHS, Tricare for Life will not be** obligated to pay the charges for the services provided by The Endoscopy Center, Inc. or Provider(s) if the procedure has been authorized by VA, IHS, or Tricare for Life and a prior authorization is on file.

I understand that I may call to arrange a payment plan with The Endoscopy Center, Inc. and/or Provider(s). In addition, if my account is referred by The Endoscopy Center, Inc. or by Provider(s) to an attorney or licensed collection agency, I understand I will be responsible for attorney and collection agency fees.

I, the undersigned, agree, whether as agent or as patient, in consideration of the services rendered to the patient, I agree to pay to the account of The Endoscopy Center, Inc. and the Providers in accordance with their respective rates and policies in accordance with the terms set forth above.

I have read and fully understand this agreement.

Patient

Date

Responsible Party
(Person responsible for bill on patient's behalf if applicable)

Date

The Endoscopy Center, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Español (Spanish): The Endoscopy Center, Inc. cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Deutsch (German): The Endoscopy Center, Inc. erfüllt geltenden bundesstaatliche Menschenrechtsgesetze und lehnt jegliche Diskriminierung aufgrund von Rasse, Hautfarbe, Herkunft, Alter, Behinderung oder Geschlecht ab

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Business Office / Correspondence Address

400 East 10th Street
Waconia, MN 55387

Billing Questions / Patient Account Representatives 888-278-4126 Monday-Friday 8:30 – 4:00 pm CST

If your upcoming procedure requires anesthesia services, your anesthesia services will be provided by a Certified Registered Nurse Anesthetist team member of **PELTON ANESTHESIA, PLLC**.

PELTON ANESTHESIA, PLLC is a locally based group of anesthesia providers in Rapid City, SD. We appreciate the opportunity to be a part of your healthcare team. The anesthesia professional services are billed separately from any facility/office charges or professional services billed by your physician or other specialists who may be involved in your care.

PELTON ANESTHESIA, PLLC strives to be a participating/in-network provider with all of the major third-party payers in the area including Medicare and Medicaid. We will always bill your third-party payer first and then subsequently bill any secondary payer you provide upon admission. If after your third-party payer has processed the anesthesia professional fees and there is a patient balance due, a statement of your account will be mailed to you. *If you do not have insurance coverage for anesthesia services or would like to discuss prepayment, please contact our business office at 888-278-4126.*

PRIOR to your procedure, **PELTON ANESTHESIA, PLLC** requests that you verify your insurance benefits for coverage of anesthesia services. If you find out that you do not have insurance coverage or your carrier has limitations that do not provide coverage for anesthesia services, **PELTON ANESTHESIA, PLLC** can accommodate you with a special Self Pay Fee Schedule. Please contact our business office at 888-278-4126 PRIOR to your scheduled procedure and we can review this process with you.

For your convenience, we accept VISA / Mastercard / Credit / Debit Card payment on your anesthesia professional services account. You can make payment securely over the phone by contacting our Patient Account Representatives at 888-278-4126. Online access instructions to make payment or inquiry regarding your anesthesia services account are available on your patient account statement.

Once again, we would like to thank you for allowing **PELTON ANESTHESIA, PLLC** to be a part of your health care team. Below is our contact information for any anesthesia billing questions. Our billing services and patient account representatives are provided by BCS, a specialized anesthesia billing firm based in Minnesota. We utilize the expertise of BCS to handle the complexity of insurance claims and anesthesia billing on behalf of **PELTON ANESTHESIA, PLLC**.

Clinical questions or concerns that you may have should be immediately directed to your physician's office.

PELTON ANESTHESIA, PLLC
Business Office 888-278-4126
400 East 10th Street
Waconia, MN 55387

Patient Account Representatives: 888-278-4126
Monday – Friday 8:30-4:00 pm CST

Anesthesia Sedation Services



SEDATION SERVICES at The Endoscopy Center

Sedation during an endoscopic procedure is often required for your procedure. The Endoscopy Center proudly offers two types of sedation services to you for your procedure in order for us to tailor our services to meet your needs. On the day of your procedure, a Certified Registered Nurse Anesthetist will explain the different types of sedation and help you decide which is best for you. The types of sedation include moderate sedation and anesthesia sedation.

- Moderate sedation is a sedation service offered to you and is utilized as a complimentary service to you during your procedure. Moderate sedation is administered by a Registered Nurse under the direct supervision of your physician.
- Anesthesia sedation is a sedation service provided to you by a Certified Registered Nurse Anesthetist. The medications the anesthesia provider chooses and administers to you offer a more profound sedation experience during your procedure. Anesthesia services are a separate professional service offered to you and are billed separately and in addition to any other professional services that are provided to you at the facility.

Choosing to receive anesthesia sedation services creates a separate professional fee billed by **PELTON ANESTHESIA, PLLC**. Most healthcare insurance plans will authorize anesthesia services for your procedure, however, your personalized insurance plan may or may not cover some or all of the anesthesia fee. If your insurance plan authorizes anesthesia sedation, a co-insurance or deductible amount may apply to you. The amount that is not covered by your insurance plan becomes your financial responsibility. If you have any questions about the anesthesia service fee, please call our billing office at 888-278-4126 prior to your procedure.

PELTON ANESTHESIA, PLLC engages BCS, a specialized anesthesia billing agency based in Minnesota. We utilize their expertise to handle the complexity of insurance claims and anesthesia billing on our behalf. Please call our business office at 888-278-4126 if you have any questions related to anesthesia sedation services or anesthesia billing questions.



2820 Mount Rushmore Rd.
 Rapid City, SD 57701
 Phone: (605) 721-8121

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Consent to Operation / Procedure

Consent to operation / procedure, administration of anesthetics and rendering of other medical services, including endoscopic photography.

Authority

Patient's Name: _____ Date: _____ Time: _____

I hereby authorize and direct _____ M.D. and / or associates or assistants of his / her choice to perform the following procedure on me or my dependent _____ And / or such operation or any other therapeutic procedure upon me or my dependent that may deem necessary or advisable.

Medical Necessity / Possible Complications

The necessity for this procedure and the potential results of the procedure has been explained to me and or my dependent. Possible alternative methods of treatment, the risks, possible consequences and the possibility of complications including adverse reaction(s) to sedation, possible perforation, missed lesions, missed diagnosis, IV infiltration, bleeding, injury to surrounding internal organs, infection and even less likely complications up to and including death have been explained to me and or my dependent. I acknowledge that no warranty or guarantee has been made to me as to the result or cure.

Covid-19

I understand that my procedure is scheduled to occur during the COVID-19 pandemic. I understand that COVID-19 is a communicable disease that can be transmitted by physical and proximate contact with infected persons, as well as, by touching contaminated surfaces. There is still much unknown about COVID-19; however, I understand that the virus has a higher transmissibility and death rate than seasonal influenza and appears to adversely affect older adults and/or those with underlying medical conditions. Infection by COVID-19 can cause mild to severe respiratory symptoms, among others, and could result in hospitalization and/or death. Although my care team and endoscopy staff have implemented prevention and mitigation measures against COVID-19, I understand there is no cure for COVID-19 nor a guarantee that I will not be infected. I have had an opportunity to discuss the risks of COVID-19 with my care team and I have made an informed decision to continue with my procedure at this time.

Unforeseen Conditions / Possible Additional Treatment

I recognize that during the course of the procedure, post-procedure care, medical treatment, anesthesia or other procedures, unforeseen conditions may necessitate additional or different care than those set forth above.

CRNA Services: I further consent to the services of a Certified Registered Nurse Anesthetist if deeper sedation is required for optimum results. I understand that there is the possibility of major risks or complications including but not limited to heart problems, lung problems, infections, bleeding, adverse drug reactions, blood clots, nerve damage, loss of limb function, paralysis, brain damage or death. (Patient or responsible party signature required).

Photographs / Pathology

I further consent to the taking of endoscopic photographs for the purpose of documentation, educational purposes and in such manners as may be deemed necessary. I further authorize any tissue or parts surgically removed may be sent out for analysis or disposed of by the center or physician in accordance with accustomed practice.

_____ I therefore authorize the above named physician and his / her assistant or designees, to perform such measures, including surgical intervention with its attendant risks, as are in the exercise of his / their professional judgements, necessary and desirable. Any tissues or parts surgically removed may be sent out

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for analysis or disposed of in accordance with accustomed practice. The authority granted under this paragraph shall extend to the treatment of all conditions that require treatment and are not known to the physician at the time the medical or surgical procedure is commenced.

I understand and accept all the risks referred to above, and consent to all terms indicated above.

_____ I have reviewed the discharge instructions prior to procedure with the admission nurse.

Patient's Signature: _____ this _____ day of _____ 20_____

Physician Signature: _____ Nurse Witness: _____

Parent or Guardian: _____ Relationship: _____

_____ Patient is a Minor – Patient is unable to sign because: _____

02/16

04/20

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