

# AhwatukeeGI

A Division of Arizona Digestive Health, PC

## ***WE THOUGHT YOU SHOULD KNOW.....***

State law A.R.S.32-1401 (25) (ff) requires that a physician notify the patient that the physician has a direct financial interest in a separate diagnostic or treatment agency to which the physician is referring the patient and/or in the routine goods or services being prescribed by the physician, and if these are available elsewhere on a competitive basis.

We are concerned about the quality of medical care you receive not only in our office but also in other facilities. That is why we have an ownership interest in the Arizona Endoscopy Center.

Taking this additional measure allows us to have a more active voice when endoscopy is necessary. As partners, we attend regular meetings with other physicians and employees of Arizona Endoscopy Center to ensure the highest quality standards are being implemented every day at the Center. Alternative facilities include the endoscopy suite at Banner Good Samaritan Medical Center.

We have chosen Arizona Endoscopy Center because of the ability to offer high quality care, a well trained, caring nursing staff, state of the art medical equipment and its sole focus on endoscopy. We are pleased to offer you this facility for your outpatient endoscopy.

The law provides for the acknowledgement of your reading and understanding these disclosures by signing and dating in the space provided below.

Joseph David, MD

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Patient Signature

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Date

**ARIZONA ENDOSCOPY CENTER  
1410 EAST McDOWELL ROAD  
PHOENIX, ARIZONA 85006  
(602) 716-9655**

You have been scheduled for an exam at Arizona Endoscopy Center. Enclosed is your paperwork. Listed below are some instructions regarding your paperwork.

1. Please arrive 30 minutes before your appointment time.
2. Plan to be at the Center approximately 1 ½ to 2 hours.
3. Please read, sign and date all the paperwork.
4. Please bring your insurance card(s) with you and a list of all your medications.
5. Please make sure you have someone to drive you home.

We look forward to seeing you. If you have any questions please feel free to call.

**Please complete and bring the papers with you  
on the day that your procedure is scheduled.**

# ARIZONA ENDOSCOPY CENTER

## PATIENT INFORMATION SHEET

PLEASE PRINT CLEARLY

LAST NAME	FIRST NAME	MI
SOCIAL SECURITY NUMBER	DATE OF BIRTH	HOME PHONE
ADDRESS	CITY	STATE ZIP CODE
OCCUPATION	EMPLOYED BY	BUSINESS PHONE
NAME OF SPOUSE	EMPLOYED BY	BUSINESS PHONE
IN CASE OF EMERGENCY: Notify	RELATIONSHIP TO PATIENT	PHONE

PRIMARY OR REFERRING PHYSICIAN

### INSURANCE INFORMATION

PRIMARY INSURANCE	SECONDARY INSURANCE
NAME OF INSURANCE:	NAME OF INSURANCE:
STREET ADDRESS:	STREET ADDRESS:
CITY, STATE, ZIP:	CITY, STATE, ZIP:
PHONE:	PHONE:
SUBSCRIBER:	SUBSCRIBER:
RELATION TO PATIENT:	RELATION TO PATIENT:
SOCIAL SECURITY #: DOB:	SOCIAL SECURITY #: DOB:
POLICY #:	POLICY #:
GROUP #:	GROUP #:
EFFECTIVE DATE:	EFFECTIVE DATE:

Who is financially responsible for this bill?

How will it be paid today?

IT IS YOUR RESPONSIBILITY TO TELL US IN ADVANCE IF YOUR INSURANCE COMPANY REQUIRES PRECERTIFICATION OF PROCEDURES. KEEP US INFORMED OF CHANGES IN YOUR INSURANCE. CLAIMS WILL BE FILED FOR YOU.

I authorize the release of any medical or other information acquired in the course of my treatment to my insurance company. Additionally, I authorize all insurance payments to be made directly to Arizona Endoscopy Center for all medical care rendered. I understand that I am responsible for any and all balances owing regardless of insurance.

PATIENT'S SIGNATURE:

DATE:

## ***A PATIENT'S BILL OF RIGHTS***

It is recognized that a personal relationship between the physician and the patient is essential for the provision of proper medical care. The traditional physician-patient relationship takes a new dimension when care is rendered within an organizational structure. Legal precedent has established that the facility itself also has a responsibility to the patient. It is in recognition of these factors that these rights are affirmed.

1. **The patient** has the right to considerate and respectful care.
2. **The patient** has the right to obtain from hi/her physician complete current information concerning his/her diagnosis, treatment and prognosis in terms the patient can be reasonably expected to understand. When it is not medically advisable to give such information to the patient, the information should be made available to an appropriate person in his/her behalf. He/she has the right to know, by name, the physician responsible for his/her care.
3. **The patient** has the right to receive for his/her physician information necessary to give informed consent prior to the start of any procedure and/or treatment. Except in emergencies, such information for informed consent should include but not necessarily be limited to the specific procedure and/or treatment, the medically significant risks involved, and the probable duration of incapacitation. Where medically significant alternatives for care or treatment exist, or when the patient requests information concerning medical alternative, the patient has the right to know the name of the person responsible for the procedures and/or treatment.
4. **The patient** has the right to refuse treatment to the extent permitted by law and to be informed of the medical consequences of his/her action.
5. **The patient** has the right to every consideration of his/her privacy concerning his/her medical care program. Case discussion, consultation, examination, and treatment are confidential and should be conducted discretely. Those not directly involved in his/her care must have permission of the patient to be present.
6. **The patient** has the right to expect that all communications and records pertaining to his/her care, including financial records, should be treated as confidential and not released without written authorization by the patient.
7. **The patient** has the right to expect that within its capacity, this ambulatory surgery facility must provide evaluation, and/or referral as indicated by the urgency of the case. When medically permissible, a patient may be transferred to another facility only after he/she has received complete information and explanation concerning the needs for and alternatives to such a transfer. The institution to which the patient is to be transferred must first have accepted the patient for transfer.
8. **The patient** has the right to obtain information as to any relationship of this facility to other health care and educational institutions insofar as his/her care is concerned. The patient has the right to obtain information as to the existence of any professional relationships among individuals, by name, who are treating him/her.
9. **The patient** has the right to be advised if this ambulatory surgery facility proposes to engage in or perform human experimentation affecting his/her care or treatment. The patient has the right to refuse to participate in such research projects.
10. **The patient** has the right to expect reasonable continuity of care. The patient has the right to expect that this facility will provide a mechanism whereby he/she is informed by his/her physician of the patient's continuing health care requirements following discharge.
11. **The patient** has the right to examine and receive an explanation of his/her bill regardless of the source of payment and to be informed regarding the fees for procedures performed at the Center. The patient has a right to be informed of third party coverage including Medicare and Arizona Health Care Cost Containment System.
12. **The patient** has the right to know what facility rules and regulations apply to his/her conduct as a patient.
13. **The patient** has a right to request information about the grievance process at the center. If a patient has a grievance with the center, he/she has the right to speak immediately with the Clinical Director or the substitute person assigned to answer to grievances. A formal written grievance may be compiled for further review of the grievance.
14. **The patient** has a right to be free from chemical, physical and psychological abuse or neglect.

### **PATIENT RESPONSIBILITIES**

It is the patient's responsibility to fully participate in decisions involving his/her own health care and to accept the consequences of these decisions if complications occur.

The patient is expected to follow up on his/her doctor's instructions, take medications when prescribed, and ask questions concerning his/her own health care that he/she feels is necessary.

Date \_\_\_\_\_ Patient Signature \_\_\_\_\_ Witness \_\_\_\_\_

**ARIZONA ENDOSCOPY CENTER**  
**1410 E. McDowell**  
**Phoenix, Arizona**

**Policy on Advanced Directives**

The State of Arizona regulations require that your medical chart contains the following information. You will be asked if you have a Living Will, have assigned a Medical Power of Attorney, or designated a "surrogate" to act on your behalf.

***Please complete this information and acknowledge your response by signing below.***

\_\_\_\_\_ I have a Living Will.

\_\_\_\_\_ State location, if possible.

\_\_\_\_\_ I have Medical Power of Attorney

\_\_\_\_\_ Designee, if available

\_\_\_\_\_ I have designated a "surrogate"  
Agent.

\_\_\_\_\_ Name of Agent

\_\_\_\_\_ I have none of the above and do not wish one.

\_\_\_\_\_ Patient

\_\_\_\_\_ Witness

\_\_\_\_\_ Printed Name

\_\_\_\_\_ Date

***Please note: As a patient of Arizona Endoscopy Center, we wish to inform you that regardless of any of the above arrangements physicians and staff of Arizona Endoscopy Center will, in case of a life threatening emergency, resuscitate and maintain life, as is possible, until appropriate and safe transfer can be made to the nearest hospital***

**Arizona Endoscopy Center**

1410 East McDowell Road  
Phoenix, AZ 85006  
(602) 716-9655  
Fax (602) 716-9659

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**EXPLANATION OF YOUR BILL**

The total cost for your medical services is comprised of two or possibly three fees. The Endoscopy Center's fee, the Physician's fee, and if biopsies taken, the Pathologist's fee. Each fee is billed separately by the provider of the service.

- The Endoscopy Center's bill is separate from the Physician's fee.
- Arizona Endoscopy Center's fee covers the cost of providing the technicians, nurses, equipment, and supplies involved in the performance of your procedure.
- If there are biopsies taken during your procedure, you will be billed by the pathologist reviewing the tissue (if you have any questions regarding your pathology bill from Pathology Specialist of Arizona, please call (623) 266-7770.)
- The Physicians of Gastrointestinal Associates and Certified Gastroenterologists of Arizona own Arizona Endoscopy Center.
- Your co-payment is expected at the time of service. We accept cash, check, money order, Visa or MasterCard.

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SIGNATURE

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DATE