

TO OUR VALUED PATIENT

Welcome to Garden State Endoscopy & Surgery Center

- Please **arrive 1 hour before** the scheduled procedure time. Prompt arrival is important to complete the required registration and admission process.
- Your anticipated **overall length** of stay at the Center is approximately three **{3} hours**. A responsible adult needs to drive you to the facility and pick you up post procedure, as you will NOT be allowed to drive for at least 8 Hours post receiving Anesthesia. Please arrange your transportation accordingly. The driver / companion will be called in advance with instructions regarding the time of Pick-Up and location.
 - ✚ **Building Management's Instructions:** Please note that the Lobby is not a waiting room and the patient's companion should not loiter in the lobby. The driver / companion can choose to wait in our waiting area or can leave.
- Please bring your insurance cards and a picture ID with proof of address on your procedure day.
- Please be advised that it is your responsibility to contact your insurance plan directly to understand your benefits, including any applicable copayments and remaining deductible balances prior to your scheduled procedure. Any amounts owed — including copays and outstanding deductibles — are expected to be collected in advance on the day of your procedure.
- Once our Insurance Verification Specialist has verified your benefits, you will receive a courtesy call or text message informing you of your estimated financial responsibility prior to your date of service. We understand that financial situations can be challenging. We offer “Payment Plans” to help manage your financial responsibility. To set up a payment plan, we will need a credit card on file.
- On the day of your procedure, upon your arrival at our facility, you will be asked to sign electronically several **CONSENTS / NOTICES / DISCLOSURES**. We **Strongly Recommend** that you review all information in advance on our website: <https://gardenstateendoscopy.com/patient-forms>. If you have any questions in regards to these forms, please do not hesitate to contact us. **Patient's Consent to the below DISCLOSURES, NOTICES and ACKNOWLEDGEMENTS is required in order to proceed with treatment.**

● PATIENTS' RIGHTS AND RESPONSIBILITIES ● NOTICE OF PATIENT RIGHTS UNDER THE “NO SURPRISE ACT” ● NOTICE OF PRIVACY PRACTICES ● INFORMATION ON ADVANCE DIRECTIVES ● PATIENT ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY ● PHYSICIAN OWNERSHIP DISCLOSURE ● NOTICE OF NONDISCRIMINATION ● POLICY REGARDING JEWELRY AND RELEASE OF RESPONSIBILITY

IT IS VERY IMPORTANT THAT YOU FOLLOW OUR FACILITY'S NPO AND MEDICATIONS GUIDANCE. *You can ask your physician's office for an updated copy of NPO and Medications Guidance. Your procedure may be cancelled if instructions are not followed.*

We are requesting that you complete the attached patient medication and cardiac history sheet and bring it on the day of procedure.

- To avoid any cancellations of your procedure, please contact us immediately if you experience any medical problems and/or see a specialist after the visit with your GI physician.

We appreciate your cooperation, and we look forward to providing you excellent care on the day of your procedure.

