



*Wilmington Gastroenterology
and Endoscopy Center*



Patient Information

5115 Oleander Drive • Wilmington, NC 28403

Wilmington Gastroenterology Associates was founded in 2000 by Doctors Clinton Meyer, Joseph Kittinger, III, William King, and Robert Henihan. Since then Drs. Steven Klein, Spencer Carney, Mary Sauer, Kunal Dalal, and Justin Miller have joined the group. Each doctor is board certified in Gastroenterology and licensed by the state medical board of North Carolina. They have many years of combined experience providing safe, high quality, gastroenterological services. Thank you for allowing us to provide your healthcare service.

Mission Statement

To provide high quality, convenient outpatient gastroenterology services to the community we serve, creating exceptional value for our patients, our employees, and our partners.

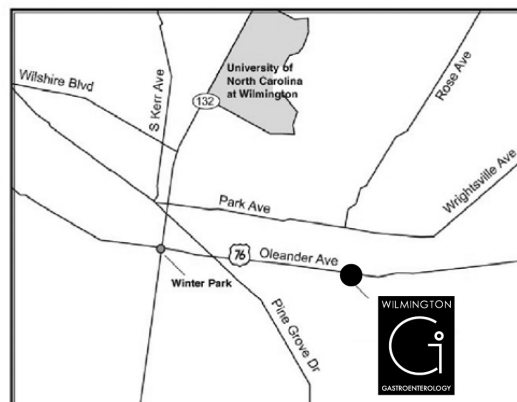
Location

5115 Oleander Drive
Wilmington, NC 28403
(910) 362-1011 M – F 8:00 -5:00
(910) 509-8025 After Hours
(910) 362-1012 fax
www.wilmingtongi.com



Driving Directions:

Our office is located on Oleander Drive east of College Road towards Wrightsville Beach. Head east on Oleander Drive from College Road go through the intersection of Pine Grove directly across from the Elks Lodge on the left.



Wilmington Gastroenterology and Endoscopy Center

The physicians and staff at Wilmington Gastroenterology Associates are located at 5115 Oleander Drive. Our facility has over 15,000 square feet. We have added additional staff and new equipment to provide you with the best possible gastroenterology care possible.

Included in our building is our NC state licensed, Medicare Certified, AAAHC Accredited Endoscopy Center in which you will find we can meet your endoscopy needs in a safe, comfortable and cost-effective environment that promotes a higher level of continuity-of-care. Our center has also received special recognition from the American Society for Gastrointestinal Endoscopy (ASGE) which honors endoscopy units that follow the ASGE guidelines on privileging, quality assurance, endoscopy reprocessing and CDC infection control guidelines. You will now be able to see our physicians in our office and also have your procedure done in the comfort of our new state-of-the-art Endoscopy Center.

The advantages of having your gastroenterology care/procedure done in our office are many:

- **Cost Effective.** By having your procedure performed in our facility we will be able to reduce the cost to you and your insurance carrier. Contact your insurance carrier and ask if they have contracted with Wilmington Gastroenterology Associates so you can have your procedure performed by our physicians in our new facility and thereby reduce your costs.
- **Comfort.** You will be able to have your gastroenterology care and/or procedure in the comfort of our new office setting.
- **Convenience.** One stop gastroenterology services. Our office location is ideally located at 5115 Oleander Drive with easy access and extensive parking.
- **Continuity of Care.** Our staff will assist you from scheduling your appointment through having your procedure.
- **State-of-the-Art Equipment.** Our office contains new office equipment and all new gastroenterology procedure equipment to assist you with all your gastroenterology needs.
- We will continue to offer the finest gastroenterology care possible in a friendly, family environment. We are committed to your care and our staff are here to assist you.

❖ Endoscopy Center Procedure List

Rigid sigmoidoscopy
Flexible sigmoidoscopy
Flexible sigmoidoscopy with biopsy
Esophagogastroduodenoscopy
Esophagogastroduodenoscopy with biopsy
Esophagogastroduodenoscopy with dilatation
Colonoscopy
Colonoscopy with biopsy
Colonoscopy with polypectomy
Esophageal dilatation
Virtual Capsule Endoscopy
Endoscopic Ultrasound (EUS)

Our Physicians:



William W. King, MD

Gastroenterology and Hepatology

Dr. King received his B.S. from Davidson College, Davidson, NC, and his M.D. from the University of North Carolina School of Medicine, Chapel Hill, NC. He completed a residency in Internal Medicine at University Hospital, Boston, MA, and a Gastroenterology Fellowship at Boston University Medical Center, Boston, MA. Dr. King is Board-certified in Internal Medicine and Gastroenterology by the American Board of Internal Medicine (ABIM). He is a Clinical Associate Professor of Medicine at the University of North Carolina at Chapel Hill.



Robert D.J. Henihan, MD

Gastroenterology and Hepatology

Dr. Henihan received his B.A. and his M.D. from Trinity College, Dublin, Ireland. He completed a residency in Internal Medicine at Boston City Hospital, Boston University School of Medicine, Boston, MA, and a Gastroenterology Fellowship at Massachusetts General Hospital and Harvard Medical School, Boston, MA. Dr. Henihan is Board-certified in Internal Medicine and Gastroenterology by the American Board of Internal Medicine (ABIM). He is a Clinical Assistant Professor of Medicine at the University of North Carolina at Chapel Hill.



Steven D. Klein, MD

Gastroenterology and Hepatology

Dr. Klein received his B.S. from the University of North Carolina at Chapel Hill, and his M.D. from New York Medical College, Valhalla, NY. He completed a residency in Internal Medicine and a Gastroenterology Fellowship at Emory University, Atlanta, GA. Dr. Klein is Board-certified in Internal Medicine and Gastroenterology by the American Board of Internal Medicine (ABIM).



D. Spencer Carney, MD

Dr. Carney received his B.A. from the University of Michigan in Ann Arbor, MI. He went on to earn his M.D. at Emory University in Atlanta, GA. Following medical school, he completed his residency and fellowship in Dallas, TX, at the University of Texas Southwestern Medical Center. Dr. Carney is Board-certified in Internal Medicine and Gastroenterology by the American Board of Internal Medicine.

Our Physicians (continued):



Mariam S. Sauer, MD

Dr. Sauer received her undergraduate and medical degrees at the University of North Carolina at Chapel Hill. She then completed her residency in Internal Medicine at the University of Chicago Hospitals, Chicago, IL. Her gastroenterology fellowship training was at Loyola University, Chicago, IL. Dr. Sauer is Board-certified in Internal Medicine and Gastroenterology by the American Board of Internal Medicine.



Kunal S. Dalal, MD

Dr. Dalal received his B.S. from the University of Michigan, Ann Arbor, MI and his M.D. from Wayne State University, Detroit, MI. He then completed a residency in Internal Medicine at the University of Chicago Medical Center, Chicago, IL followed by a Gastroenterology Fellowship at Indiana University, Indianapolis, IN. Dr. Dalal is board certified in Internal Medicine and Gastroenterology by the American Board of Internal Medicine (ABIM).



Justin A. Miller, MD

Dr. Miller received his B.S. from Louisiana State University, Baton Rouge, LA and then M.D. at Louisiana State Health Science Center, New Orleans, LA. Following medical school, he attended Tulane University School of Medicine for internal medicine residency. He completed gastroenterology fellowship at Louisiana State University, New Orleans, LA where he did specialized training in endoscopic ultrasound and pancreaticobiliary therapeutics. Upon completing his training, Dr. Miller relocated to Wilmington with his family and joined Wilmington Gastroenterology.

Patient Bill of Rights

- A patient has the right to quality health care in an environment that maintains dignity, regardless of care, color, creed, age, sex, sexual preference, religion, disability, national origin.
- A patient has the right to considerate, respectful care given by competent personnel who adhere to high professional standards.
- A patient has the right to participate in the development and implementation of his/her plan of care.
- A patient has the right to be informed in advance of the medical practice discontinuing care whenever possible.
- A patient has the right to a full explanation regarding all procedures, expected outcomes, treatments or continuing health care needs, such as return visits and required medications that will be needed by the patient after discharge in a language and manner that the patient or the patient's representative understands.
- A patient has the right to make an informed decision regarding his/her care.
- A patient has the right to refuse to participate in experimental research.
- A patient has the right to voice grievances verbally or in writing regarding treatment or care that is (or fails to be) furnished.
- A patient has the right to prompt resolution of a complaint/grievance and knowledge of whom to contact to file such a complaint/grievance. WGA administration at (910) 362-1011 Steve Peterson (Administrator), Debbie Ellers (Office Manager), Sheri Potter (Director of Clinical Services), or (North Carolina Medical Board at (800)-253-9653 or 1203 Front Street, Raleigh, NC 27609 or www.qimedicare.com/PartD-TheMedicareBeneficiary-Ombudsman.php
- A patient has the right to assistance in obtaining consultation with another physician at the patient's request and expense.
- A patient cannot be denied the right of access to an individual or agency that is authorized to act on his behalf to assert or protect the rights set out in this section.
- A patient has the right to know what facility rules and regulations apply to his/her conduct as a patient.
- A patient has the right to be informed of his/her health status and receive information about the illness, course of treatment, and prospects for recovery in terms, language/manner the patient can understand.
- A patient has the right to change professionals and to be involved in care planning and treatment, and actively participate in decisions regarding medical care, including decisions to withhold or withdraw treatment if the patient has a terminal condition.
- A patient has the right to refuse any and all drugs, treatments or procedures and be informed of the medical consequences of refusal.
- A patient has the right to adequate and appropriate procedural pain management.
- A patient has the right to have a family member or representative of his/her choice and his/her own physician notified promptly of his/her admission to the hospital.
- A patient has the right to be transferred to a hospital when medically necessary. The hospital to which the patient is transferred must first have accepted the patient for transfer.
- A patient has the right to exercise his or her rights without being subjected to discrimination or reprisal.

Privacy and Safety

The patient has the right:

- To personal privacy
- To receive care in a safe setting
- To be free from all forms of abuse and harassment
- To be free from needless duplication of medical and nursing procedures.

Confidentiality and Patient Records

The patient has the right:

- To confidentiality of all communication, case discussion, consultation, examination, treatment and his/her clinical records, except as otherwise provided by law or third party contractual arrangements.
- To access information contained in his/her clinical record within a reasonable time frame by placing a request with the medical records department.

Additional Information for Medicare Patients

All issues, concerns, or complaints can be reported by contacting our Practice Administrator or Nurse Manager. If we are unable to address your concerns, you may contact the following for assistance.

1. Medicare Ombudsman: www.q1medicare.com/PartD-TheMedicareBeneficiary-Ombudsman.php
Visit www.medicare.gov on the web. Or, call (1-800-633-4227) TTY users should call 1-877-486-2048.

2. NC DHSR Complaint Intake Unit www.dhhs.state.nc.us/dhsr/ciu/complaintintake Rita Horton, 2711 Mail Service Center, Raleigh, NC 27699 or 1-800-624-3004 or 1-919-855-4500

Advance Directives – Living Will or Health Care Power of Attorney Resources

For applicable state laws and sample forms for creating a living will or healthcare power of attorney, you may contact one of the following:

1. Caring Connections at 1-800-658-8898 for English or 1-877-658-8896 for other languages or www.caringinfo.org
2. NC DHHS Division of Aging and Adult Services at 1-733-3983 or www.ncdhhs.gov/aging
Select Topic Index and then Advance Directives

Carolinas End of Life Care at 1-800-662-8859 or www.carolinasendoflifecare.org

Advance Directive Policy:

Please be aware that we do not honor living wills or do not resuscitate orders at this facility due to the fact that a terminal, incurable, vegetative state is not anticipated in this outpatient setting. If you present to this center for a procedure with a living will or valid Do Not Resuscitate Order (DNR) or Out of Facility form and you have an emergency, we will start CPR and call 911 for Transport to the hospital. EMS will be informed of the Do Not Resuscitate Order or living will upon arrival.

Advance Directives:

An “Advance Directive” is a general term that refers to your oral and written instructions about your future medical care, in the event that you become unable to speak for yourself. Each state regulates the use of advance directives differently. There are two types of advance directives: a living will and a medical power of attorney. If you would like a copy of the official State advance directive forms, visit: www.secretary.state.nc.us/ahcdr or [www.ncdhhs.gov/dma/medicaid/Advanced DirectCondensed.pdf](http://www.ncdhhs.gov/dma/medicaid/AdvancedDirectCondensed.pdf)

Living Will: A living will is a document that tells others what measures you want taken if you are terminally ill, incurably sick, or in a persistent vegetative state. You may also give your doctor specific instruction not to use heroic treatments that would delay your dying, such as a breathing machine.

Health Care Power of Attorney: In North Carolina, you can name a person to make medical / mental health care decisions for you if you later become unable to decide yourself. This person is called your “health care agent.” In the legal document you name who you want your agent to be. You can say what medical treatments you would want and what you would not want. Your health care agent then knows what choices you would make.

The booklet, “Medical Care Decisions and Advance Directives, What You Should Know”, is available upon request to inform patients about Advance Directives. Medical treatment in the Endoscopy Center will in no way be affected if the patient does or does not have a Living Will and/or Health Care Power of Attorney.

DO NOT RESUSCITATE ORDERS (DNR) WILL NOT BE HONORED AT OUR OUTPATIENT FACILITY. IN CASE OF ARREST, 911 WILL BE CALLED AND BASIC LIFE SUPPORT WILL BE INITIATED.

Wilmington Gastroenterology Associates Advance Directive Policy

The procedures performed at Wilmington Gastroenterology Associates are considered to be of minimal risk. Of course, no problem is without risk. You and your physician will have discussed the specifics of your procedure and the risks associated with your procedure, the expected recovery and the care after your procedure.

It is the policy of Wilmington Gastroenterology Associates Endoscopy Center, regardless of the contents of any advance directive or instructions from health care surrogate or attorney in fact, that if an adverse event occurs during your treatment at our facility the personnel at the Endoscopy Center will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. At the acute care hospital further treatment or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, advance directive, or health care power of attorney.

Patient Satisfaction:

At WGA we strive to provide our patients with the finest medical care and outpatient endoscopy care available. As part of this commitment to quality care, the management at WGA has implemented a patient satisfaction survey. The information obtained from the surveys is reviewed by our Quality Improvement Committee and passed on to our Governing Body. We believe that with patient input and constructive criticism, we can continue to work to maintain and exceed the highest standards for outpatient care. Please take a few moments to complete our online survey at www.surveymonkey.com/s/wilmingtongiasc. Your feedback is greatly appreciated.

Patient Grievances:

The grievance and appeals process gives our patients an avenue for resolving problems with the medical care and services we provide. Whether the problem concerns access to care ... dissatisfaction with our doctors or employees ... or a utilization management decision about their medical care, we will investigate the issue and work toward a satisfactory solution. Please report any issues to any WGA employee or call our office at (910) 362-1011 so that we may serve you better. If you feel that your issue has not been properly resolved you may report it to the New Hanover - Pender County Medical Society Mediation Committee at (910) 790-5800.

Ownership Disclosure:

Wilmington Gastroenterology Endoscopy Center is wholly owned by the physicians of Wilmington Gastroenterology Associates, P.A. Currently the owners are William King, Robert Henihan, Steven Klein, Spencer Carney, Mariam Sauer, and Kunal Dalal.

After Hours and Emergency Service:

Wilmington Gastroenterology Associates office hours are Monday-Friday 8:00 am to 5:00 pm. If the patient has any questions or concerns regarding their health care during these hours they should call the main office number. If during regular office hours the patient is experiencing a medical emergency they should call 911 or visit the nearest emergency room.

At WGA we realize that patients may have medical issues that extend past regular office hours. For this reason patients should call (910) 509-8025 in order to contact the physician on call for emergencies. Routine medical care is given only during office hours. If the patient is experiencing a medical emergency after office hours they should call 911.

Insurance and Billing:

WGA will file your claim with your health insurance carrier. Any copays and deductibles are due in full at the time of service. We accept credit cards, checks, and cash. WGA will make every effort to verify your insurance coverage before your procedure and obtain any preauthorization necessary. However, each patient is ultimately responsible for the payment of their medical service. All quoted prices are estimates based on the scheduled services. Additional services may be necessary once your procedure has started. If you have questions about your bill please contact our office at (910) 362-1011 from Monday through Friday 8:00am to 5:00pm.

Pathology Services:

During your colonoscopy we may remove a lesion or polyp and / or perform a tissue biopsy. These tissue specimens will be processed in our office and made into a readable slide in our office pathology lab. These slides are then reviewed by our pathologists to determine if they are normal, pre-cancerous, or cancerous tissues. Our team of pathologists specializes in anatomic pathology related specifically to gastrointestinal disease. Occasionally these tissues require special preparation or staining which must be done outside of our lab. When this occurs you may receive a separate bill for this service from Marlboro-Chesterfield Laboratory.

The Affordable Care Act and Colonoscopy Frequently Asked Questions

What changes have been made in health care coverage under new Federal regulations related to colonoscopy ?

Under the Affordable Care Act, screening colonoscopies are now fully covered by Medicare and nearly all other private insurers. Patients will still be responsible for co-pays, co-insurance, deductibles, and other out-of-pocket costs if the colonoscopy is diagnostic rather than a screening procedure. Patients may also be responsible for costs related to anesthesia and pathology.

What is the difference between a screening and diagnostic colonoscopy ?

A screening colonoscopy is a procedure done for a patient who has no gastrointestinal symptoms. A diagnostic colonoscopy is done when a patient has related symptoms or has a polyp removed or biopsy during the procedure. Colon cancer screening is recommended for all people at the age of 50 and earlier for those with a family history of colon cancer or polyps. In some cases, private insurers, may treat anyone with a family history as a diagnostic colonoscopy in which case they may apply coinsurance or your plan's deductible.

Can the physician change, add or delete my diagnosis so that I can be considered for a screening colonoscopy to save money?

No. The patient encounter is documented as a medical record from information you have provided to either our staff or your referring provider. It cannot be changed to facilitate better insurance coverage.

What if my insurance company tells me that the doctor can change my diagnosis code in the chart?

Unfortunately with many insurers this does happen. Often a representative will tell a patient that if the "doctor had coded this as a screening, it would have been covered differently." However, further questioning the representative will reveal that the "screening" diagnosis can only be amended if it truly applies to the patient. Most insurance companies only allow a screening colonoscopy benefit for a patient over the age of 50 with no personal or family history as well as no past or present gastrointestinal symptoms.

What types of symptoms could cause a colonoscopy to be classified as a diagnostic colonoscopy ?

It will vary depending on your insurance plan but could include hemorrhoids, changes in bowel habits, rectal bleeding, or abdominal pain. Often, a diagnosis of family history, will be treated by some private insurers as diagnostic procedure which will be subject to co-insurance and deductible.

How much do patients typically have to pay for a diagnostic colonoscopy ?

Medicare patients would be responsible for the standard 20% co-insurance. For patients with private insurance, their out-of-pocket cost will vary depending on the plan. We attempt to thoroughly verify benefits for every diagnostic procedure and notify the patient of the expected or estimated out-of-pocket cost. Of course private insurers never guarantee payment until claims are fully processed and often this information is not fully available from private insurers. If you have questions about your specific coverage please contact your insurance company.

WILMINGTON GASTROENTEROLOGY ASSOCIATES ADVANCED SEDATION ADMINISTRATION

The physicians at Wilmington Gastroenterology are committed to making your Endoscopy procedure as pleasant as possible for you. Therefore, we have contracted with an anesthesia provider to administer the most advanced sedation with your comfort and safety in mind. Please read the information provided below to learn more about the sedation you will receive during your procedure.

PROPOFOL

Propofol is the sedation of choice for our physicians because there is emerging evidence that patients sedated with Propofol have an increased incidence of polyp detection during colonoscopy. This is likely attributed to the fact that patients are more comfortable during the procedure and may tolerate a more thorough examination. There are several benefits to Propofol sedation when compared to conscious sedation or other sedative agents:

- Propofol has a very rapid onset of action.
- Propofol also has a very short duration of action so that at the conclusion of your procedure you will have very little to no residual drowsiness.
- You will be able to speak with the physician after your procedure about the findings.
- With Propofol you will be completely unaware of the procedure and will not experience any pain.
- Propofol does not induce nausea or vomiting like some other sedative drugs.
- With Propofol patients experience little to no abdominal cramping after their procedure.

Propofol will be administered by a nurse anesthetist who will be with you throughout your procedure. The anesthesia provider will monitor your blood pressure, heart rate and respiratory status.

When Propofol is given please be advised that you may also receive a drug called **Robinul**. **Robinul** is a drug administered pre-procedure to dry your mouth. Please let the nurse know if you have a history of glaucoma, prostate problems or irregular heart rate. Robinul will not be given in these patients.

Some patients may be excluded from receiving Propofol sedation because of their medical history and/or current medical problems. It is important to know that the physician and nurse anesthetist always have the final decision at the time of your procedure to change your sedation.

WILMINGTON GASTROENTEROLOGY ENDOSCOPY CENTER, INC
Informed Consent for Gastroenterology, Administration of Sedation

PATIENT LABEL

Explanation of Procedure

Direct visualization of the digestive tract with lighted instruments is referred to as gastrointestinal endoscopy. Your physician has advised you to have this type of examination. The following information is presented to help you understand the reasons for and the possible risks of these procedures.

At the time of the endoscopy examination, the inside lining of the digestive tract will be inspected thoroughly with a flexible lighted instrument and possible photographed. If an abnormality is seen or suspected, a small portion of tissue may be removed for microscopic study (biopsy), or the lining may be brushed and washed with a solution which can be sent for special study for abnormal cells (cytology). Small growths can frequently be completely removed (polypectomy). Occasionally, a narrowed portion (stricture) will be stretched to a more normal size (dilatation). I understand that all procedures are not perfect and there is a risk of missing a lesion. **I have been provided** information regarding ownership and my patient rights.

Principle Risks and Complications of Gastrointestinal Endoscopy

Gastrointestinal endoscopy is generally a low risk procedure. However, all of the below complications are possible. Your physician will discuss their frequency with you, if you desire, with particular reference to own indications for gastrointestinal endoscopy. *You must ask your physician if you have any unanswered questions about your test.*

1. **Perforation:** Passage of the instrument may result in injury to the gastrointestinal tract wall with possible leakage of gastrointestinal contents into the body cavity. If this occurs surgery to close the leak and/or drain the region is usually required.

2. **Bleeding:** Bleeding, if it occurs, is usually a complication of biopsy, polypectomy or dilatation. Management of this complication may consist only of careful observation, may require transfusions or possibly a surgical operation for control.

3. **Other Risks:** Include drug reactions and complications from other diseases you may already have. Damage to teeth or dental work is possible. Instrument failure and death are extremely rare, but remain remote possibilities. *You must inform your physician of all your allergic tendencies and medical problems. I understand that Wilmington Gastroenterology is an Ambulatory Surgery Center and does not provide 24 hour care. If my physician finds it necessary or advisable to transfer me to a hospital, I authorize the Wilmington Gastroenterology employees to arrange for and affect this transfer. Additionally, I authorize my information to be communicated to the transferring facility for continuity of care.*

Alternatives to Gastrointestinal Endoscopy

Although gastrointestinal endoscopy is an extremely safe and effective means of examining the gastrointestinal tract, it is not 100 percent accurate in diagnosis. In a small percentage of cases a failure of diagnosis or mis-diagnosis may result. Other diagnostic or therapeutic procedures, such as medical treatment, x-ray and surgery are available. Another option is to choose no diagnostic studies and/or treatment. Your physician will be happy to discuss these options with you.

Brief Description of Endoscopic Procedures

1. **Colonoscopy-** examination of all or a portion of the colon requiring careful preparation with diet, enemas and/or medications. Biopsy, cytology, dilatation, polypectomy and/or the use of equipment to apply heat or electric current to a bleeding site to stop bleeding may be necessary.

2. **EGD (gastroscopy)-** examination of the esophagus from the throat to the entrance of the stomach, the stomach pouch, and the small intestine just beyond the stomach. Biopsy, cytology, dilatation and/or the use of equipment to apply heat may be necessary.

3. **Esophageal Dilatation-** the passing of progressively larger rubber, metal tubes or balloon through the mouth and down the esophagus, stretching any narrowed portions of strictures to a more normal size. May be used in conjunction with gastroscopy.

4. **Protoscopy/ Sigmoidoscopy-** examination of the anus, rectum and lower part of the colon. Biopsy, cytology, dilatation, polypectomy and/or the use of equipment to apply heat or electric current to a bleeding site to stop bleeding may be necessary.

5. **EUS (Endoscopic Ultrasound)-** A medical procedure in which endoscopy is combined with ultrasound to obtain images of the internal organs in the chest, abdomen and colon.

Sedation

Our aim is to make your procedure as comfortable as possible. To help achieve this goal, intravenous sedation is often used. Medicines are given intravenously through a vein in your arm or hand and monitoring devices are continually used to watch your blood pressure, heart rhythm and breathing. Our office is equipped with the latest in safety features and our staff is trained in the use of these sedative medications.

Although common and quite safe, any sedation carries some degree of risk and it is important for you to be aware of these risks prior to consenting to the procedure.

- **Allergic reactions to any of the medications used.**
- **Discomfort or bruising at the site where the drugs are placed into a vein.**
- **Vein irritation, called phlebitis, where the needle is placed into a vein. This causes a red, painful swelling of the vein surrounding tissue. The area could become infected. Discomfort in the area may persist for several weeks to several months.**
- **Nausea and vomiting, although not common, may occur With intravenous sedation.**
- **Intravenous sedation is a serious medical procedure and, whether given in a hospital or office, carries with it the risk of brain damage, stroke, heart attack or death.**
- **There is a risk of depressed respiration "stopped breathing" where it becomes necessary for intubation or placement of a breathing tube.**

In order to insure your best outcome, please adhere to the following:

Because the anesthetic medication causes prolonged drowsiness, you **MUST** be accompanied by a responsible adult who will be required to remain in the office for the duration of your test. They must be willing to drive you home and stay with you for several hours until you are recovered sufficiently to care for yourself. Sometimes the effects of the medications do not wear off for 24 hours.

During recovery time you should not drive, operate complicated machinery or make any important decisions.

You must have a completely empty stomach. It is vital that you have **NOTHING TO EAT OR DRINK**. Per your instruction. If directed, sips of water may be used to take your blood pressure, heart, seizure, breathing and/or chronic pain medications.

I consent to the taking and publication of any photographs made during my procedure for use in the advancement of medical education. I certify that I understand the information regarding gastrointestinal endoscopy. I have been fully informed of the risks and possible complications of my procedure and moderate sedation. I hereby authorize and permit Dr. _____ to perform the following procedure:

- Upper Endoscopy with possible biopsy, dilatation with moderate or deep sedation
- Colonoscopy with possible biopsy, polypectomy with moderate or deep sedation
- Esophageal dilatation with moderate or deep sedation
- Flexible Sigmoidoscopy with possible biopsy with moderate or deep sedation
- EUS with possible biopsy, dilatation with moderate or deep sedation.
- Other _____

If any unforeseen condition arises during this procedure calling for (in the physician's judgment) additional procedures, treatments or medicines, I authorize him to do whatever he deems advisable for my health, safety and well-being. I am aware that due to the temporary state of incapacitation resulting from moderate sedation used during my procedure WGA will not honor **living wills** or a **do not resuscitate (DNR)** order.

Patient viewed procedure video _____

Signature _____

Witness _____

Date _____ Time _____

MD _____

I consent to the presence of additional designated individuals for observational learning or inspection purposes.

Signature of Patient

Patient Label

Coastal Carolina Sedation Associates, LLC

INFORMED CONSENT FOR ANESTHESIA SERVICES

I have a general understanding of the procedure to be performed by my physician. I understand anesthesia services are requested or needed for the procedure. I consent to the administration of anesthesia as required for the procedure. I understand and acknowledge that all forms of anesthesia involve some risks and side effects, and the anesthesia provider can make no guarantees or promises concerning the results or outcome of the anesthesia plan of care. I acknowledge that impairment of full mental alertness may persist for several hours following the administration of anesthesia, and will avoid making decisions or taking on activities, which depend on full concentration or judgment during this period.

It has been explained to me all forms of anesthesia have some risks and side effects. Although rare, unexpected severe complications can occur. Possible anesthetic complications include but are not limited to, infection, bleeding, drug interactions, allergic reactions, dental damage, stroke, brain damage, memory dysfunction, memory loss, heart attack, injury to vocal cords, cardiac arrest or death. Complications may require hospitalization. I understand that these risks apply to all forms of anesthesia; additional or specific risks are identified below as they apply to each type of anesthesia.

I understand the section below details the types of anesthesia to be used for my procedure. I understand the anesthetic technique is determined by many factors, including my physical condition, the procedure performed, the physician preference, anesthesia provider care of plan, or my own desires. I also consent to an alternative type of anesthesia, if necessary, as deemed appropriate by the anesthesia provider and physician.

General Anesthesia: a controlled, drug-induced state of unconsciousness, accompanied by partial or complete loss of protective reflexes including an inability to independently maintain an airway and/or respond purposefully to physical stimulation or verbal command. May require a placement of a breathing tube in the windpipe or another breathing device. Risks include, but limited to, mouth or throat pain, hoarseness, injury to mouth or teeth, awareness of intraoperative events, injury to blood vessels, aspiration, and pneumonia.

Deep Sedation: a controlled, drug-induced state of depressed consciousness from which the patient is not easily aroused, which may be accompanied by partial loss of protective reflexes, including the ability to maintain an open airway independently and/or respond purposefully to physical stimulation or verbal commands. Risks include, but not limited to, infection, mouth or throat pain, hoarseness, injury to mouth or teeth, aspiration, dizziness, nausea, or vomiting can occur.

Monitored Anesthesia Care (MAC): Anesthesia providers are present and able to provide indicated care based on my response to the procedure. Medications utilized may be sedatives, narcotics, and/or anesthetics, and the degree of Sedation or anesthesia cannot be specified ahead of time.

I understand the possible risk and complications of the planned anesthesia care as they have been explained to me. I have had the opportunity to ask questions, and I understand what has been explained. I hereby consent to anesthetic(s) above and authorize the credentialed anesthesia providers of this facility to provide the outlined anesthesia plan. I further understand and certify for my own safety, I have a responsible adult to take me home after my procedure.

Patient Signature/Legal Guardian

Relationship

Date:

Signature of Anesthesiologist/Anesthetist

Date/Time

Coastal Carolina Sedation Associates, LLC. & Anesthesia Dynamics, LLC

Assignment of Benefits, Release of Claims & Financial Responsibility

Assignment of Benefits: In consideration of the services provided to me, I hereby assign and transfer to Coastal Carolina Sedation Associates, (CCSA) and Anesthesia Dynamics, LLC (AD) all medical provider benefits payable and any related rights existing under the insurance policies described (but not to exceed the amount of Practice charges for this admission or other amounts as may be provided by an agreement between CCSA/AD and my insurance company. I authorize and direct the insurance company to pay all such benefits to CCSA/AD. I understand that this assignment does not relieve me of any responsibility I may have for payment of charges not paid by the insurance company, unless otherwise provided by the terms of an agreement between the insurer and CCSA/AD.

Authorization to Release Claims Information: I hereby authorize CCSA/AD its employees, contractors, and agents, to release and disclose all information that has been and that will be received, recorded or compiled by any or all of them concerning my, the patient's, medical care and treatment to all appropriate persons for the purpose of evaluating claims for payment or reimbursement for charges and expenses under any public Title XVIII of the Social Security Act (Medicare) or any private reimbursement which may have a bearing on benefits payable by or on behalf of any such person. I hereby authorize CCSA/AD its employees and agents to act on my behalf in completing claims including any appeal process.

Precertification & Financial Responsibility: I understand that my insurer may require compliance with utilization review (UR) program to ensure that plan benefits are justified. I understand that it is the insurer's UR program's responsibility to review proposed elective admissions and anticipated courses of treatment. I understand that if the UR program determines that the admission is necessary and appropriate and issues certification, the benefits of my health plan will be made available to me in accordance with the terms of my policy. However, if certification is denied, healthcare benefits may be withheld. I understand that CCSA is willing to provide professional anesthesia services as requested by my attending physician. I also understand that I may be financially responsible for all related charges incurred as a result of this admission should the UR review program refuse to certify that the admission or a specific service was appropriate or should the certification effort occur too late to be valid. I understand that to protect myself from unnecessary personal financial obligations, I must review my obligations with my insurance company, UR program and personal physician without delay and in advance of my admission.

Authorized Representation: I do hereby name CCSA to act as my authorized representative in requesting a complaint, an appeal, and documents from my health insurance provider regarding services rendered by CCSA. I understand and agree that 1) this authorization is voluntary; 2) my health information may contain information created by other persons or entities including healthcare providers and may contain medical, pharmacy, dental, vision, mental, health, substance abuse, HIV/AIDS, psychotherapy, reproductive, communicable disease and health care information; 3) I may not be denied treatment, payment for healthcare services, or enrollment or eligibility for healthcare benefits if I do not sign this form; 4) this authorization will expire one year from the date I sign this form. I may revoke this authorization at any time by notifying CCSA and/or health insurance provider in writing; however, the revocation will not have an effect on any actions taken prior to the date my revocation is received and processed.

Signature of Patient/Authorized Guardian Signature

Date

PATIENT NOTICE REGARDING ANESTHESIA SERVICES

Anesthesia services are provided by Coastal Carolina Sedation Associates, CCSA at Wilmington Gastroenterology Associates, PA. CCSA contracts and employs certified registered nurse anesthetists as part of the anesthesia care team.

Anesthesia services will be billed separately from the services of Wilmington Gastroenterology Associates, P.A For billing questions or concerns, please call: 910-469-4997 or 800-242-5080

In the event that CCSA/AD is not a participating provider with your insurance plan, CCSA/AD will work with your insurance carrier through various appeal efforts in order to minimize any penalties or costs that your insurance says that you owe. We are often able to negotiate with your insurer to reduce your out-of-pocket expenses that may result from CCSA/AD's out-of-network status, but we cannot guarantee a result. You will also be required to pay the deductible and/or co-pay amounts determined by your policy/plan.

Patient Medical Record # _____

WILMINGTON GASTROENTEROLOGY ASSOCIATES

This is to certify that I have received a copy of Wilmington Gastroenterology Associates Patient Information Booklet.

Included in this booklet are:

- Your Patient Bill of Rights
- Advance Directive information
- Patient Grievance information
- Pathology Billing Information
- Ownership Disclosure
- The Affordable Care Act and Colonoscopy Information

Signed _____

Date _____

Print Name _____

If patient unable to sign _____
(Responsible Party signature)

Date _____

(Relationship)

