



Center for Digestive Health PHYSICIAN OWNED FACILITY

The physicians listed below are on staff at the Center for Digestive Health providing medical services and are the owners of the facility and the Pathology lab. You may choose to have your surgery in a facility not owned by physicians. By signing below, you acknowledge that you have been given this option and choose to have your surgery at The Center for Digestive Health.

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UNDERSTANDING YOUR SURGERY BILL

Initial

To avoid confusion, we would like to take this opportunity to make sure you will understand how you will be billed for the services provided to you today. At minimum, you will receive two separate bills. Depending on your procedure, you may also get additional bills. Here is an explanation of the bills you will receive:

- 1) **Center for Digestive Health**- You will receive a bill from the Center for Digestive Health for what is known as the facility fee. This fee is for the staff and equipment we provide for your safe and successful procedure.
- 2) **Digestive Diseases Consultants**- A physician will perform your endoscopy. Since the physician is not an employee of the Center, he/she will bill you separately for their professional services. The physician's bill will be sent from Digestive Diseases Consultants.
- 3) **Pathology**-If pathology is performed during your procedure, you will receive a bill for pathology from Digestive Diseases Consultants.
- 4) **Anesthesia**- Your Certified Nurse Anesthetist will bill you separately from the facility and the physician. The anesthesia bill will be sent from Lake Anesthesia.

AUTHORIZATION TO PAY BENEFITS TO FACILITY

I hereby authorize the Center for Digestive Health to release to my insurance company any information including diagnosis & medical records of any treatment or examination rendered. I also authorize and request my insurance company to pay directly to Center for Digestive Health the amount due after applicable payments are made by me. I understand that my insurance company may send payments for the rendered services to me. I hereby assign to the above-named facility, medical insurance, and/or other benefits, if any, otherwise payable to me for their services at the Center for Digestive Health (CDH).

ADVANCE DIRECTIVES

I understand The Center for Digestive Health does not honor advance directives. In a life-threatening emergency, the Center for Digestive Health will make every effort to resuscitate me during my procedure and recovery. In the event you are transferred to a hospital, a copy of your advanced directives will be sent with you.

GRIEVANCE PROCEDURE

The Center for Digestive Health values you as a patient. We are dedicated to ensuring your relationship with us is a positive one. If we can enhance that relationship in any way, please let us know. Every patient has the right to express complaints about the care and services provided to any staff member. If you are not satisfied with the resolution, the complaint is taken to the Nurse Manager/Administrator, you may contact them at (815)936-1700.

The patient has the right to complain to the following agencies if our facility's response is not satisfactory:

Medicare Beneficiary Ombudsman

(800) 633-4273

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

Illinois Department of Public Health

525 Jefferson St Springfield, IL 62762-0001

Fax: 217-782-0382 Website: www.idph.state.il.us

Email: dph.ccr@illinois.gov

Patient Rights- Verification of Patient Rights and Responsibilities Received

When you sign below, you affirm that you have received, read and understand the above information in advance of the date of your procedure performed at the Center for Digestive Health.

Patient Signature

Print Patient Name

Date