

## POLICY ON ADVANCE DIRECTIVES

Because the scope of care at this facility is limited to elective outpatient procedures, regardless of any advance directives set forth in a living will, health care power of attorney or other written statement, any unexpected medical emergency will be managed with resuscitative or other stabilizing measures followed by a transfer to a hospital's emergency department. If you have an executed advance directive please bring a copy with you at the time of your appointment so we can place such in your medical record. To obtain an advance directive form, please visit <http://www.nyc.gov/html/doh/html/living/adv-dir.shtml>.

## PATIENT'S NOTICE OF PRIVACY PRACTICES

### YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Your health record is the physical property of QUEENS ENDOSCOPY ASC. The information contained in the record, however, belongs to you. You have the specific right to your medical information. QUEENS ENDOSCOPY ASC will provide you with a copy of these rights on the day of your procedure.

## CONCERNS & SUGGESTIONS

We strive to provide you with excellent quality care. We welcome the opportunity to listen to your suggestions and complaints. Please contact the Administrator to obtain further information about our complaint resolution policy. If your concern is not resolved, you may contact the following organizations:

Administrator: (718) 425-3300

NYS Department of Health Hotline: (800) 804-5447

NYS Department of Health: CA/DCS. Empire State Plaza, Albany, NY 12237

Office of the Medicare Beneficiary Ombudsman: <http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html> or 1-800-MEDICARE

AAHC: 5250 Old Orchard Rd., Suite 200, Skokie, IL 60077, (847) 853-6060

The Joint Commission: One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181 OR [http://www.jointcommission.org/report\\_a\\_complaint.aspx](http://www.jointcommission.org/report_a_complaint.aspx)

AAAASF: 5101 Washington St., Suite 2F, PO Box 9500, Gurnee, IL 60031, (847) 775-1970

## AFFILIATED HOSPITALS

### CENTER AFFILIATED HOSPITALS

New York-Presbyterian Queens

### PHYSICIAN AFFILIATED HOSPITALS

Bellevue Hospital

NYU Langone Medical Center

Flushing Hospital

NYH Medical Center Queens

Mount Sinai Hospital

South Nassau Communities Hospital

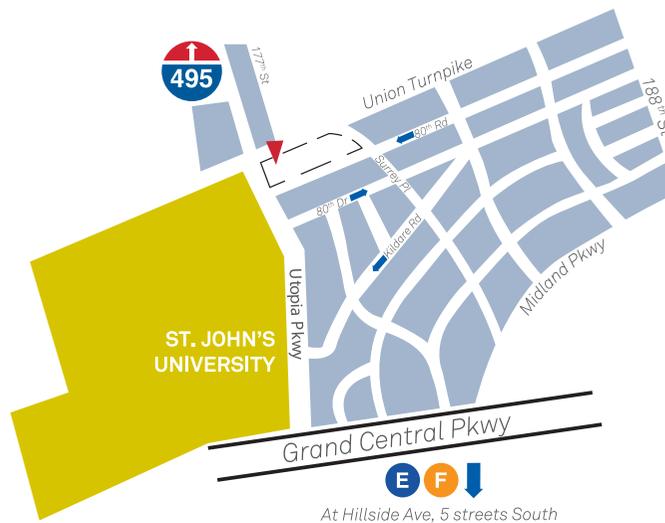
New York-Presbyterian Queens

Winthrop University Hospital

North Shore LIJ

## DIRECTIONS

Queens Endoscopy is located on the ground floor of 176-60 Union Turnpike. The entrance to 176-60 Union Turnpike is located on the South side of Union Turnpike, half a block East of Utopia Parkway.



### PUBLIC TRANSPORTATION:

Patients can connect from either the E or the F train at Union Turnpike station and take the Q-46 bus to Union Turnpike and Utopia Parkway. Alternatively patients may take the F train to 169th Street Station and take the Q30 or Q31 bus to the corner of Utopia Parkway and Union Turnpike.

### By Car:

From Manhattan: Take the Queens Midtown Tunnel to Utopia Pkwy (Exit 25 on the Long Island Expy), then follow Utopia Pkwy to Union Tpk.

From Western Queens: Take Grand Central Pkwy to Utopia Pkwy exit and then make a left turn onto Utopia to the corner of Utopia and Union Tpk

From the South/Brooklyn: Take the Van Wyck Expy to Main St then follow Main St to Union Tpk. Make a right on Union Tpk and follow for about 1.5 miles to corner of Union Tpk and Utopia Pkwy.

From Long Island (North): Take the Long Island Expy and exit at Utopia Pkwy (Exit 25). Make a left on Utopia Pkwy, and proceed to Union Tpk.

Northern State/Grand Central: To 188th St (Exit 19), right on 188th St, left on Union Tpk.

From Long Island (South): Take the Cross Island Pkwy and proceed to Grand Central Pkwy and exit at 188th St (Exit 19). Make a right on 188th St and proceed along Union Tpk.

From the Bronx: Take the Throgs Neck Bridge to the Clearview Expy. Take exit 2 and make a right onto Union Tpk and follow to the corner of Utopia Pkwy.

## DISCLOSURE OF OWNERSHIP

We are the Physician Owners of the Center, and we would like to take this opportunity to thank you. We recognize that you have the right to choose the provider of your healthcare services. We are pleased that you have chosen Queens Endoscopy ASC.

Armand V. Asadourian, M.D.

James Rand, M.D.

Steven Batash, M.D.

Daniel Reich, M.D.

Neil Brodsky, M.D.

H. Alan Schnall, M.D.

Rom Gupta, M.D.

Nicholas Triantafillou, M.D.

Kamran Nia, M.D.

Arthur Vogelmann, M.D.

Donald Palmadessa, M.D.

### UTOPIA CENTER

176-60 UNION TURNPIKE, GROUND FL.  
(ENTRANCE CLOSER TO UTOPIA PKWY)  
FRESH MEADOWS, NY 11366

(718) 425-3300

QUEENSENDOSCOPY.COM



Welcome to  
Queens  
Endoscopy

## BEFORE YOUR PROCEDURE

- 1 A Center staff member will call you on the day before your procedure to confirm the time you should arrive at the Center and also ask you for additional pre-procedure information, as necessary.
- 2 **PLEASE BE CERTAIN THAT YOU FOLLOW DIETARY INSTRUCTIONS PROVIDED BY YOUR PHYSICIAN.**
- 3 Certain medications such as blood thinners, aspirin and diabetes medications may need to be stopped prior to your procedure. Please confirm with your doctor.
- 4 **YOU MUST MAKE PLANS TO HAVE A RESPONSIBLE ADULT TAKE YOU HOME. Do not resume normal activities until the following day. Do not drive, return to work or operate any machinery or power tools. Do not make important personal or business decisions, sign legal papers, or perform any activity that depends on your full concentrating power or mental judgment.**
- 5 We suggest that you do not smoke for at least 24 hours before your procedure or drink alcohol for 24 hours after your procedure.
- 6 If you need special assistance, are not fluent in English, or require a sign language interpreter, please let the physician's office know so arrangements can be made to assist you.
- 7 Please notify your doctor of any change in your medical condition, or if fever or other illness develops. If you need to cancel or reschedule your appointment, notify your physician as soon as possible.

## AFTER YOUR PROCEDURE

You will rest in our recovery room under the care of our specialty-trained registered nurses until you are discharged from the facility.



## PATIENT RIGHTS & RESPONSIBILITIES

QUEENS ENDOSCOPY ASC (the "Center") will ensure patients are aware of their rights and responsibilities by ensuring that the patients receive a copy of these Patient Rights & Responsibilities, in writing and verbally, prior to their date of procedure.

### AS A PATIENT TREATED AT THIS CENTER YOU HAVE THE RIGHT TO:

- A. Be treated with respect, consideration and dignity in a clean and safe environment, including privacy in treatment without regard to age, sex, race, sexual orientation, national origin, disability, color, religion, or marital status.
- B. Respectful care given by competent personnel with consideration of their privacy concerning medical care. Your privacy shall be respected when facility personnel are discussing you and your care.
- C. When the need arises, reasonable attempts are made for health care professionals and other staff to communicate in the language or manner primarily used by patients.
- D. Be given the name of your attending physician, the names of all other physicians directly assisting in your care and the names functions of other health care persons having direct contact with you.
- E. Privacy and confidentiality of all information pertaining to your treatment, including the right to approve or refuse the release or disclosure of the contents of your medical record to any healthcare practitioner and/or healthcare facility.
- F. Expect and receive appropriate assessment, management and treatment of pain.
- G. Accessible and available health services, including information on after-hour and emergency care.
- H. Receive complete information concerning your diagnosis, recommended treatment and prognosis.
- I. Information concerning the credentials of health care professionals.

## DAY OF YOUR PROCEDURE

- 1 Please bring your insurance card and a photo ID.
- 2 Bring a current list of all your medications with dosages and how often you take them (including prescriptions, over-the-counter, herbals, patches, inhalers, eye drops, supplements, vitamins, Aspirin and Oxygen). If you are instructed by your doctor or nurse to take your morning medications, you may do so with a SIP OF WATER ONLY.
- 3 Please leave all valuables such as jewelry and electronics at home or with your escort during the procedure.
- 4 Wear loose and comfortable clothing that can be stored easily.
- 5 If you wear glasses, contact lenses, dentures, or a hearing aid, bring along a case to put them in during your procedure.
- 6 If you have sleep apnea and own a CPAP or BiPAP machine, please bring the machine with you and discuss with your physician on the date of your procedure.
- 7 **YOU MUST HAVE A RESPONSIBLE ADULT 18 YEARS OF AGE OR OLDER TO ACCOMPANY YOU HOME AFTER YOUR VISIT. During your procedure, those who accompanied you to the Center should wait in the reception/ waiting room area.**
- 8 Prior to discharge you will be given written post-procedural instructions. It is important that you understand the instructions. The nurses will answer any questions that you have.
- 9 At Queens Endoscopy ASC., our staff and physicians are focused on maintaining an efficient schedule in order to avoid long wait times for our patients. To assist in maintaining our schedule, please arrive at the facility at your appointed time.
- 10 We are committed to providing you with a comfortable and safe environment during your stay.

FOR ANY BILLING QUESTIONS, PLEASE CALL: 212-874-3384



## PARTICIPATING INSURANCES

QUEENS ENDOSCOPY ASC accepts most major insurance plans, including Medicare and Medicaid. We will bill your primary insurance and secondary insurance carrier or governmental agency directly. QUEENS ENDOSCOPY ASC and its Anesthesia providers are participating providers with the following health plans:

NYC Medicare Medicaid	Cigna Elderplan	Metroplus Oxford
Aetna	Emblem (GHI & HIP)	The Empire Plan
Aetna Medicare Advantage	Emblem Medicare & Medicaid	UHC Community Plan Medicare & Medicaid
Affinity Exchange	Emblem Exchange	United HealthCare
Affinity Medicare & Medicaid	Fidelis Exchange	United Oxford Exchange
Amerigroup Medicare & Medicaid	Fidelis Medicaid & Medicaid	VNS Medicaid
BCBS Exchange	Healthfirst	VNS Medicare Advantage
BCBS HMO	Healthfirst Medicare & Medicaid	Wellcare Medicare & Medicaid
BCBS Medicare	Local 6	
BCBS PPO	Magnacare	

## PATHOLOGY LABORATORIES:

Ameripath	Endo CDX	Precise
Bio reference	Miraca	Quest Diagnostics
Dianon LabCorp	Pathology Solutions	

The estimated rate amount for out-of-network services is available upon request.

## ABOUT YOUR BILL

QUEENS ENDOSCOPY ASC will make every effort to keep this process as simple as possible. Your procedure will generate several different bills from different sources:

- QUEENS ENDOSCOPY ASC's bill covers the use of the facility and all necessary supplies used during your procedure. QUEENS ENDOSCOPY ASC will also be submitting a claim for anesthesia services provided.
- You will receive separate bills from your physician.
- Other billable services that may be used during your procedure are laboratory and/or pathology charges.

- X. Information on physician ownership, in writing, prior to the day of the procedure.
- Y. Refuse to participate in research.
- Z. Be free from abuse and harassment.
- AA. Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors.
- BB. Make known your wishes in regard to anatomical gifts. You may document your wishes in your health care proxy or on a donor card.
- CC. Expect truth in advertising by the organization.
- DD. Know whether or not the organization accepts your insurance.

### AS A PATIENT TREATED AT THIS CENTER, YOU HAVE THE RESPONSIBILITY TO:

1. Provide full cooperation by complying with the pre-procedure and post-procedure instructions given by you physician and anesthesiologist, including the provision of a responsible adult to transport you home from the Center and remain with you for 24 hours and the treatment plan prescribed by your provider.
2. Provide complete and accurate information to the best of your ability about your health, any medications, including over-the-counter products and dietary supplements, and any allergies or sensitivities.
3. Provide the Center with all information regarding third-party responsibility insurance coverage.
4. Accept personal financial responsibility for any charges not covered by your insurance.
5. Be respectful of healthcare professionals, staff and other patients and visitors of the Center.