Insurance companies vary with regard to coverage for endoscopy procedures. We strongly encourage you to check your coverage by calling your insurance company directly before any procedure is performed to find out what your benefits are and if you may have any out of pocket expenses for your procedure.

Every health plan is different. While we make every effort to obtain referrals from primary care physicians and authorizations for outpatient procedures, it is important for you to be familiar with your health care coverage. We cannot be held responsible for unpaid services due to lack of referral or prior authorization.

Upon contacting your insurance company if you learn that an authorization is required, please ask your representative to check that one has been obtained; if not please contact our office immediately. It is ultimately your responsibility to be sure that authorization is in place prior to the day of your procedure.

Patients/Guarantors are responsible to contact their insurance company(s) to determine the exact benefit/coverage their policy provides for the procedures they are scheduled for in the Syracuse Endoscopy Associates Ambulatory Surgery Center. Your physician’s office cannot quote what your policy will pay for.

ALL NON-COVERED SERVICES WILL BE THE PATIENT’S RESPONSIBILITY. Please read all information in this packet carefully.

Call the customer service representative for your insurance company. The telephone number should be listed on the back of your insurance card or in your benefits manual.

Tell the customer service representative that you are calling to check on your coverage for your colonoscopy and/or upper endoscopy which will be done at Syracuse Endoscopy Associates. This is an ambulatory surgical facility. All of our services are done on an outpatient basis.

If you are having a colonoscopy, there are three different scenarios possible - a screening colonoscopy, a surveillance colonoscopy, or a diagnostic colonoscopy. Please understand that your benefits vary depending on your scenario. If a biopsy is done or a polyp is removed, your screening colonoscopy then becomes a diagnostic colonoscopy, the CPT code 45378 changes (e.g. 45380 or 45385), and your insurance may process the claim differently. We recommend checking your benefits for each scenario so that you are aware.

<table>
<thead>
<tr>
<th>Screening Colonoscopy</th>
<th>Screening Colonoscopy</th>
<th>Surveillance Colonoscopy</th>
<th>Diagnostic Colonoscopy</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Average Risk” due to age alone, no personal or family history</td>
<td>“High Risk”</td>
<td>“High Risk”</td>
<td>“High risk”</td>
</tr>
<tr>
<td>CPT 45378</td>
<td>CPT 45378</td>
<td>CPT 45378</td>
<td>CPT 45378</td>
</tr>
<tr>
<td>Diagnosis code: V76.51</td>
<td>Diagnosis code:</td>
<td>CPT 45378</td>
<td>(patient having symptoms)</td>
</tr>
<tr>
<td>V18.51 Family hx colon polyps</td>
<td>Family history</td>
<td>Personal history</td>
<td>diagnosis code:</td>
</tr>
<tr>
<td>V16.0 Family hx GI cancer</td>
<td>V12.72 hx colon polyps</td>
<td>V10.05 hx colon cancer</td>
<td>___________</td>
</tr>
</tbody>
</table>

Be sure to ask your insurance company about “out-of-pocket” expenses, including co-pays, co-insurance, or any deductible (if not yet met). This will ensure you are fully informed of the possible costs you may incur prior to your procedure.

If you have any questions regarding procedure codes, the charge amounts of the procedure listed above, or diagnosis codes, please contact our billing office at (315) 883-4896.

Visit our website!
www.syracusegastro.com
For your upcoming endoscopy procedure at Syracuse Endoscopy Associates, LLC

We strongly encourage you to check your coverage by calling your insurance company directly before any appointment to find out what your benefits are and if you may have any out of pocket expenses for your procedure.

► You may receive a bill from all or some of the following companies.

Syracuse Endoscopy Associates, LLC  
(an ambulatory surgical facility)  
tax ID number 134239064  
739 Irving Ave #420, Syracuse, NY 13210  
For billing information 315-883-4896  
Website: www.syracusegastro.com

Syracuse Gastroenterological Associates, P.C.  
for the professional doctors fee under their tax ID number 160989507  
739 Irving Ave #400, Syracuse, NY 13210  
8100 Oswego Road #140, Syracuse, NY 13088  
3045 John Trush Blvd, Cazenovia, NY 13035  
Billing questions call 315-883-4896  
Website: www.syracusegastro.com

CNY Anesthesia Group, P.C.  
739 Irving Ave, Syracuse, NY 13210  
Billing Questions call 315-552-6489  
They do not have a website. Please see enclosed information from their office.

Pathology Associates of Syracuse, P.C.  
(bills the professional charge for any Pathology and Cytology)  
Tax ID 16-1037385  
736 Irving Ave, Syracuse, NY 13210  
Billing questions call 1-866-592-6822

Laboratory Alliance  
(bills the technical charge for any Pathology and Cytology)  
Corporate offices: 1304 Buckley Road, Syracuse, NY 13212  
Billing questions call 315-883-4882  
Website: http://www.laboratoryalliance.com/patient-services/insurers/

Hospitals we are affiliated with:

Crouse Hospital  
736 Irving Ave  
Syracuse, NY 13210  
Billing office 315-470-7331.

Community Memorial Hospital  
150 Broad Street  
Hamilton, NY 13346  
Billing office 315-824-6552
**BEFORE YOUR PROCEDURE**

There are a few things that we ask all patients to do prior to coming in for their endoscopic procedure:

- Please follow all instructions given to you by your physician about eating, drinking and medications before your procedure.
- If you are taking any medications, or if you are allergic to any medications, please bring a list of them with you when you come for your procedure.
- If you take any blood thinners and have not been instructed regarding usage prior to your procedure, please contact your physician as soon as possible.
- Notify your physician if there have been any changes in your physical condition since your appointment was scheduled or since you last saw your physician.
- Please fill out the required paperwork you received and bring it with you, as well as a picture ID and your insurance cards.
- Check your benefits and eligibility with your insurance company(s), see the billing information packet you were given.
- Please do not arrive prior to 6:45 am
- Due to limited space please only have one person accompany you.
- Arrive 45 minutes prior to your procedure time.

**YOUR PROCEDURE**

- The anticipated total time for your stay, from registration to departure is approximately 2-3 hours.
- After the procedure, your recovery time will be around 30 minutes.
- There may be an unforeseen delay prior to your procedure.
- Upon arrival, after registering, a nurse will review your medical history and the procedure with you. You will then be brought to a stretcher, where you will undress and obtain an IV line.
- At any time during the process, please do not hesitate to ask any questions regarding your concerns. It is important to us that you know exactly what is involved and that you feel comfortable.

**AFTER YOUR PROCEDURE**

After the procedure the physician will talk to you about your procedure. If there is not anyone with you, you may not remember the conversation. Please do not hesitate to ask your nurse to speak with your physician again or you may call the office at 234-6677.

If your physician took biopsies during the procedure, the results will be available within 2 weeks. If you do not receive a letter regarding your results after this time please call the office at 234-6677.

You **will not be allowed to drive home due to the anesthesia. You must have a licensed driver to drive you home and all patients must be discharged in the company of a responsible adult.**

⇒ A responsible adult is a person who is physically and mentally able to make decisions for the patient is necessary. Moreover, the responsible person must understand the requirements for post-anesthetic care. (A taxi driver is not considered a responsible person for a patient who just received anesthesia/sedation).

If you are having an afternoon procedure your ride must stay and wait for you.
**Syracuse Gastroenterological Associates, P.C.**

**NO SHOW / CANCELLATION POLICY FOR ENDOSCOPY PROCEDURES**

Once you have a date and a time for your endoscopic procedure, a spot has been secured in our surgical facility in your name for your procedure. Patients who cancel or reschedule without **3 business days prior notice** or who fail to show up for their scheduled appointment may be charged a $150.00 fee.

We understand that circumstances beyond your control may arise, causing you to miss your appointment. Exceptions will be made in the event of inclement weather or real emergencies.

Please be considerate of other patients by calling our office as soon as possible if you can not keep your appointment.

*Your cooperation is greatly appreciated.*

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**Please report to:**

Syracuse Endoscopy Associates  
CNY Medical Center, 739 Irving Ave, Syracuse, NY 13210  
**Suite 420 on the 4th floor**

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**From the New York State Thruway:**  
Take Exit 36 to Route 81 South. Take Exit 18 (Harrison/Adams) to Adams Street. Turn left onto Adams Street (second light) and go up the hill. Turn right at the light onto Irving Avenue. Turn left into the CNY parking garage located next to the entrance of the building.

**From Route 81 South:**  
Take Exit 18 (Harrison/Adams) to Adams Street. Turn left onto Adams Street (second light) and go up the hill. Turn right at the light onto Irving Ave. Turn left into the CNY parking garage located next to the entrance of the building.

**From Route 81 North:**  
Take Exit 18 (Harrison/Adams) to Adams Street. Turn right onto Adams Street. Go up the hill and turn right at the light onto Irving Ave. Turn left into the CNY parking garage located next to the entrance of the building.

**From Route 690 East:**  
Exit onto Route 81 South. Take Exit 18 (Harrison/Adams) to Adams Street (second light). Turn left onto Adams Street (second light) and go up the hill. Turn right at the light onto Irving Ave. Turn left into the CNY parking garage located next to the entrance of the building.

**From Route 690 West:**  
Take Exit 13 and turn left onto Townsend Street. Take Townsend Street to Adams Street. Turn left onto Adams Street and go up the hill. Turn right at the light onto Irving Ave. Turn left into the CNY parking garage located next to the entrance of the building.

**Where to Park**  
Parking is available in the CNY Medical garage. The garage is directly across from Crouse ER and is attached to our building. To ensure you receive the patient/visitor parking rate, please bring your parking ticket to the office so our staff may validate it. **DO NOT PARK IN THE CROUSE GARAGE.**

*Regardless of what your health insurance plan covers, Syracuse Gastroenterological Associates, PC, supports the American Cancer Society, ASGE, AGA, AMA, ACG, and CDC Colon Cancer guidelines which recommend a screening colonoscopy for all patients 50 years or older regardless of symptoms. Please speak with your healthcare provider with any questions.*

6/2015
Your anesthesiologists and anesthetists are employed by CNY Anesthesia Group, PC., a professional service corp. engaged in the private practice of anesthesiology. Like your surgeon, they are skilled professionals affiliated with, but not employed by, Crouse Hospital, Syracuse Gastro., Community Memorial Hospital in Hamilton, NY, CNY Women’s Healthcare or Camillus Surgery Center.

YOU WILL RECEIVE A SEPARATE BILL FROM CNY ANESTHESIA GROUP, PC., FOR ANESTHESIA SERVICES PROVIDED TO YOU.

PARTICIPATING INSURANCES

Even though we may participate with your insurance company, you may still be responsible for a portion of the bill depending on the quality of your policy. Participating with an insurance simply means that, in most cases, the physicians and insurance company have an agreement for payment. Attached is a list of the insurance companies that CNY Anesthesia Group, PC. has a participating agreement with and is current as of 01/01/2015. You should contact your insurance company prior to your services to verify that our group is listed as participating. You may also need to provide individual provider names from the attached list as insurance companies do not always list group names as par or non-par but may show under the individual provider. We will be unable to tell you in advance which member of our team will be providing your anesthesia services so it is advised to check a few.

NON PARTICIPATING INSURANCES

All other insurances not listed are billed to your insurance carrier. However, they are billed as a non-participating provider. If you receive a statement from our billing office and you have insurance, please call them at the number listed at the end of this notice to ensure that they have your correct information.

HOW YOUR ANESTHESIA BILL IS CALCULATED

Our fee is based on many factors. These include (1) the difficulty or complexity of your anesthesia, (2) the length of time of your operation and anesthesia, (3) your physical condition, age and other factors which may influence risk and complexity, (4) whether the anesthesia was needed in an emergency, and (5) any special or unusual monitoring techniques that have to be used during your surgery and anesthesia.

We utilize the Relative Value Guide of the American Society of Anesthesiologists which assigns a number of units or points based on the factors enumerated. The total number of units is added up and this is multiplied by the dollars per unit we currently charge. This system is widely used throughout the U.S. and we find it to be the fairest and most useful system.

We will gladly provide you with an estimate of our fee for any procedure. If you have any questions regarding the billing of your anesthesia services, please call our billing office at 315-552-6489 Monday - Friday 8:00 AM - 3:00 PM as we currently do not have a website.
You will receive a separate bill for anesthesia from CNY Anesthesia Group.

NOTE: Some insurance companies have been changing their policies regarding Monitored Anesthesia Care (MAC). Please verify with your insurance that MAC is a covered benefit for you. **You DO NOT need to call on Medicare or AARP insurances.

Monitored Anesthesia Care (MAC) is provided and billed by CNY Anesthesia Group. Please let our office know if MAC is not a covered benefit and we can arrange to use something else for your procedure.

CPT codes for MAC: 00810 - during colonoscopy
00740 - during upper endoscopy
00810 - during a double procedure (Colon and Pan)
Information for patients with special needs
Syracuse Endoscopy Associates provides a variety of services to accommodate patients who have special needs. Please let us know in advance how we can help you.

Hearing impaired or translator
Please let us know in advance if you require a sign language interpreter or a foreign language translator.

Please note: Family members can not be your translator for your visit at Syracuse Endoscopy Associates.

We are now seeing patients for office visits in Cazenovia, NY
Family Health Center, 3045 John Trush Jr Blvd (Off of Route 20)
Limited hours, please call ahead
315-234-6677
As required by Law: We make the following disclosures to you in advance of your procedure, along with your patient rights and patient responsibilities:

1. **Advanced Directives:**

   In accordance with New York State law, SEA must inform you that we are required to honor your DNR directives. If you provide your advance directives, a copy will be placed in the medical record and transferred with you should a hospital transfer be ordered by the physician. SEA provides information on advanced directives, such as Health Care Proxy, Do-Not-Resuscitate Orders, and Living Wills. If you would like more information regarding advanced directives, please call (315)470-7921. This will be reviewed again with you on the day of your procedure.

2. **Ownership Disclosure:**

   This is to inform you that your physician might have a financial interest of ownership in Syracuse Endoscopy Associates. The following are physicians that have direct ownership in the department: Mark Kasowitz, M.D., Michael Sipple, M.D., David Kaplan, M.D., Dennis Reedy, M.D., and Intikhab Iqbal M.D.

3. **Patient’s Bill of Rights**

   As a patient of Syracuse Endoscopy Associates, you have the right, consistent with law, to:

   1. Understand and use these rights. If for any reason you do not understand or you need help, SEA must provide assistance, including an interpreter.
   2. Receive services without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation, source of payment, or age.
   3. Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints.
   4. Receive information of provisions of off hour emergency coverage.
   5. Be informed of the name and position of the doctor who will be in charge of your care.
   6. Know the names, positions and functions of any staff involved in your care and refuse their treatment, examination or observation.
   7. A No Smoking Room
   8. Receive complete information about your diagnosis, treatment and prognosis.
   9. Receive all the information that you need to give informed consent for any proposed procedure or treatment. This information shall include the possible risks and benefits of the procedure or treatment.
   10. Receive all the information you need to give informed consent for an order not to resuscitate. You also have the right to designate an individual to give this consent for you if you are too ill to do so. If you would like additional information, please ask for a copy of the pamphlet "Do Not Resuscitate Orders — A Guide for Patients and Families."
   11. Refuse treatment and be told what effect this may have on your health.
   12. Refuse to take part in research. In deciding whether or not to participate, you have the right to a full explanation.
   13. Privacy while in the department and confidentiality of all information and records regarding your care.
   14. Participate in all decisions about your treatment and discharge from the department. SEA must provide you with a written discharge plan and written description of how you can appeal your discharge.
   15. Review your medical record without charge. Obtain a copy of your medical record for which SEA can charge a reasonable fee. You cannot be denied a copy solely because you cannot afford to pay.
   16. Receive an itemized bill and explanation of all charges.
   17. Complain without fear of reprisals about the care and services you are receiving and to have the department respond to you and if you request it, a written response. If you are not satisfied with SEA’s response, you can contact the New York State Health Department by calling 1-800-804-5447.
   18. Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors.
   19. Make known your wishes in regard to anatomical gifts. You may document your wishes in your health care proxy or on a donor card.

   Source: 10NYCRR, 405.7, 405.7(a) (1), 405.7(c)

Patients of Syracuse Endoscopy Associates LLC seeking treatment at the center have the responsibility to:

1. Follow department rules and regulations.
2. Give information about past illnesses, hospitalizations, medications and other matters relating to your health.
3. Tell your doctor or nurse if you are in pain; to ask what to expect regarding pain relief; and to talk with your doctor or nurse about any worries you may have about pain or pain medication.
4. Cooperate with our staff, and to ask questions if you do not understand any instructions or information.
5. Be considerate of other patients, guests and department staff, and to see that your visitors are considerate as well.
6. Keep your appointments or to call the department if you must postpone them.
7. Follow the treatment plan you and your doctor make, and to report any changes in your condition.
8. Take reasonable measures to protect your personal belongings.
9. Be respectful of others’ property, and the property of the department.
10. Fulfill the financial obligations of your healthcare.
I acknowledge that my procedure has been scheduled at Syracuse Endoscopy Associates, LLC, and that the following information was reviewed verbally and copies were given to me.

1. Advanced Directives
2. Physician Ownership of the Department
3. Patient Rights and Responsibilities
4. Need to have a family member/friend stay with me and drive me home after the procedure.
5. Need to bring identification and my co-payment with me the day of the procedure.

Please be aware you may be receiving a bill for the anesthesia, a bill from the physician performing the procedure, a bill from Syracuse Endoscopy Associates, and possibly a bill for pathology. All is subject to your contract with your insurance carrier.

Signature ________________________________ Print Name ________________________________

Date of Birth: ___________________________

Date form signed: ________________________