

**Procedure Location: ECNB (Endoscopy Center of North  
Baltimore)  
410-296-4415  
1220 East Joppa Road Suite 508 Building C Towson, MD 21286**

**Arrival Date and Time:** \_\_\_\_\_

### **Upper Endoscopy (EGD) Instructions and Information**

- Your stomach must be completely empty to allow examination. Do not eat **ANYTHING** the day of your scheduled procedure. You can (if needed) drink clear liquids **only up until 3 hours prior to your arrival time** in small amounts. Please note, if you do not stick to drinking clear liquids, your procedure may be delayed or cancelled/rescheduled.
- If you are taking Coumadin, Plavix, Xarelto, Eliquis, or other prescription blood thinners, please consult with your primary care physician/cardiologist on how to take this medication prior to your procedure
- ***If you are taking Phentermine or a phentermine like product, please discontinue use 7 days prior to your procedure.***
- If you are on insulin or anti-diabetic medicines, consult your prescribing physician (primary care physician/endocrinologist) regarding your dosage in preparation for your procedure. If you wear an insulin pump, please make sure to wear it the day of your procedure. Please bring you inhaler the day of the procedure if you regularly use one.
- Stop taking vitamin E, Ibuprofen, Naprosyn, Mobic, or any/all anti-inflammatory medications 7 days prior to your exam. Tylenol is an acceptable substitute unless instructed otherwise.
- You may take all other medications with a small sip of water the day of the procedure.
- **Bring a driver with you on the day of your exam. You will receive sedation and will not be able to drive for the rest of the day. \*\*Please note, you can arrive to the center by yourself, but you must have a designated driver when you are discharged. If you plan on using a ride sharing platform, such as UBER or LYFT, a responsible caregiver must physically be there to accompany you. It cannot be the driver of the UBER or LYFT services. Please call ECNB (410-296-4415) if transportation is an issue. \*\***
- If you suspect you are pregnant, this procedure should be cancelled.
- If you have scheduled this procedure months in advance and your medical history has changed, please notify the office immediately.
- Wear loose fitting, comfortable clothes. Avoid tight fitting garments.

**IMPORTANT: A history & physical is required within 30 days of your exam. Our office does supply history and physical forms to both you and your physician upon request. Please contact our office directly if you or your physician has any questions.**

# ENDOSCOPY CENTER OF NORTH BALTIMORE, LLC.

## Patient Rights & Responsibilities, Notification of Ownership, and Advance Directives

Every patient has the right to be treated as an individual and to actively participate in his/her care. The facility and medical staff have adopted the following list of patient's rights and responsibilities, which are communicated to each patient, or patient's representative or surrogate in advance of the procedure.

### Patient Rights:

- To receive treatment without discrimination as to race, color, religion, sex, national origin, disability, or source of payment.
- Considerate, respectful and dignified care, provided in a safe environment, free from any form of abuse, neglect, harassment or reprisal.
- To be provided privacy and security of self and belongings during the delivery of patient care service.
- To receive information from his/her physician about his/her illness, his/her course of treatment and his/her prospects for recovery in terms that he/she can understand.
- To receive as much information about any proposed treatment or procedures as he/she may need in order to give informed consent prior to the start of any procedure or treatment.
- When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient, or to a legally authorized person.
- To make decisions regarding the health care that is recommended by the physician. Accordingly, the patient may accept or refuse any recommended medical treatment. If treatment is refused, the patient has the right to be told what effect this may have on their health, and the reason shall be reported to the physician and documented in the medical record.
- To receive information in a manner that the patient understands. Communication is provided in a manner that facilitates understanding by the patient.
- Full consideration of privacy concerning his/her medical care program. Case discussion, consultation, examination and treatment are confidential and shall be conducted discretely.
- Confidential treatment of all communications and records pertaining to his/her care and his/her stay in the facility. His/her written permission shall be obtained before his/her medical records can be made available to anyone not directly concerned with his/her care. The facility has established policies to govern access and duplication of patient records.
- Leave the facility even against the advice of his/her physician.
- Reasonable continuity of care and to know in advance the time and location of appointment, as well as the physician providing the care.
- Be informed by his/her physician or a delegate of his/her physician of the continuing health care requirements following his/her discharge for the facility.
- To know the identity and professional status of individuals providing services to them, and to know the name of the physician who is primarily responsible for coordination of his/her care.
- Know which facility rules and policies apply to his/her conduct while a patient.
- Examine and receive an explanation of his/her bill regardless of source of payment.
- Have all patient's rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.

·To be informed of any research or experimental treatment or drugs and to refuse participation without compromise to the patient's usual care. The patient's written consent for participation in research shall be obtained and retained in his or her patient record.

·To appropriate assessment and management of pain.

### Patient Responsibilities:

- To provide accurate and complete information regarding present medical complaints, past illnesses, hospitalizations, medications, allergies and sensitivities and other matters relating to his/her health.
- The patient and family are responsible for asking questions when they do not understand what they have been told about the patient's care and/or treatment.
- The patient is responsible for following the treatment plan established by his/her physician.
- The patient is responsible for keeping appointments and notifying the physician or facility when unable to do so.
- The patient and/or patient representative is responsible for disposition of patient valuables.
- The patient is responsible for arranging transportation home from the facility and to have someone remain with him/her for a period of time designated by his/her physician.
- The patient is responsible for his/her actions should he/she refuses treatment or not follow the physician's orders.
- The patient is responsible for being considerate of the rights of other patients, visitors, and facility personnel.

### Rights and Respect for Property and Person:

The patient has the right to:

- Exercise his or her rights without being subjected to discrimination or reprisal
- Voice grievance regarding treatment or care that is or fails to be furnished
- Be fully informed about a treatment or procedure and the expected outcome before it is performed
- Confidentiality of personal medical information

### Privacy and Safety:

The patient has the right to:

- Personal privacy
- Receive care in a safe setting
- Be free from all forms of abuse or harassment

### Interpreter/Translator Services:

If you will need an interpreter, please let us know and one will be provided for you.

### Advance Directives:

You have the right to information on the facility's policy regarding Advance Directives. If you request, an official State Advance Directive form will be provided for you.

For more information, you may visit the following website: <https://www.cms.gov/center/special-topics/ombudsman/medicare-beneficiary-ombudsman-home>

**Cancelled Appointments:** ECNB reserves the right to charge for appointments cancelled without 24-hours advance notice.

In accordance with Maryland law, this facility must inform you that we do not honor DNR directives. The center is not an acute care facility; therefore, regardless of the contents of any advanced directive or instructions from a health care surrogate, if an adverse event occurs during treatment, patients will be stabilized and transferred to a hospital where the decision to continue or terminate emergency measures can be made by the physician and family. If they have been provided to the center, a copy of the patient's Advanced Directive will be sent to the acute care facility with the patient.

If the patient or patient's representative wants their Advance Directives to be honored, the patient will be offered care at another facility that will comply with their wishes.

**Complaints/Grievances:** Your privacy, safety, and satisfaction are most important to us. If you have a problem or complaint, please speak to one of our staff to address your concern. If necessary, your problem will be advanced to center management for resolution. You have the right to have your verbal or written grievances investigated and to receive written notification of actions taken.

If you have a comment or concern about the care you received, please contact:

**Kim Gottesman, RN**  
Nurse Administrator  
Endoscopy Center of North Baltimore  
1220 East Joppa Rd  
Towson, Maryland 21286  
410-296-4415  
[kgottesman@ecnb.org](mailto:kgottesman@ecnb.org)

The following are the agencies you may contact if your concern is not addressed by the facility:

**State of Maryland Program Manager: Office of Health Care Quality**

7120 Samuel Morse Drive  
2<sup>nd</sup> Floor  
Columbia, MD 21046  
Website: [www.dhmh.state.md.us/ohOg/](http://www.dhmh.state.md.us/ohOg/)  
Phone: 877-402-8218

Medicare beneficiaries may also file a complaint with the Medicare Beneficiary Ombudsman  
**Medicare Ombudsman website**  
<http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

**Medicare:** [www.medicare.gov](http://www.medicare.gov) or call 1-800-MEDICARE (1-800-633-4227)

**Office of the Inspector General:** <http://oig.11hs.gov>

**Accreditation Association for Ambulatory Health Care (AAAHC)**

5250 Old Orchard Road, Suite 200  
Skokie, IL 60077  
(847)853-6060 or email: [info@aaahc.org](mailto:info@aaahc.org)

### Physician Financial Interest and Ownership:

The Center is owned, in part, by the physicians. The physician(s) who referred you to this Center and who will be performing your procedure(s) may have a financial and ownership interest. Patients have the right to be treated at another health care facility of their choice. We are making this disclosure in accordance with Federal regulations.

### Physician Owners:

Andrew Rosenstein	Amin Khan
Scott Huber	Patrick Hyatt
Joshua Forman	Howard Berg

Endoscopy Center of North Baltimore  
1220 E. Joppa Road Bldg. C Ste. 508  
Towson, MD 21286  
410-296-4415 Fax 410-296-4417

Dear Patient:

You are scheduled to have an endoscopic procedure at the Endoscopy Center of North Baltimore.

During the procedure(s), your physician may take a biopsy(s). Biopsies are then sent to a lab for processing where they will be interpreted by a pathologist.

Your procedure will generate the following different charges to your insurance carrier or to you, if you do not have insurance.

- **Professional Fee:** This is the fee from the physician that performed your procedure.
- **Facility Fee:** This is the fee from Endoscopy Center of North Baltimore where your procedure will be performed.
- **Anesthesia Fee:** This is the fee from Digestive Disease Associates for the services provided by the anesthesiologist
- **Pathology Fee:** This is the fee from pathology If a biopsy is performed.

➤ **Please note it is the patient's responsibility to know their insurance benefits and coverage prior to their procedure. If you have any questions regarding the financial responsibility or coverage for your scheduled procedure (s), please contact your insurance carrier in advance of your procedure. If you are under age 50, be sure to mention this to your insurance company as you may not be eligible for the 100% Screening Benefit.**

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**NO SHOW POLICY:**

If your schedule changes and you cannot keep your appointment, please contact us so we may reschedule you, and accommodate those patients who are waiting for an appointment.

Appointments canceled on the date of a scheduled visit represent a cost to the practice and a missed opportunity to see other patients who are waiting for a visit date.

If you do not cancel or reschedule your appointment with at least 24 hours notice, we reserve the right to assess a \$50.00 "no-show" service charge to your account.

This "no-show charge" is not reimbursable by your insurance company. You will be billed directly for it. The \$50.00 fee will need to be paid in full prior to rescheduling your next appointment.