

TEANECK GASTROENTEROLOGY AND ENDOSCOPY CENTER

DISCLOSURE FORM

You have been scheduled to have your procedure at Teaneck Gastroenterology and Endoscopy Center. We are a New Jersey approved Ambulatory Endoscopy Center with Medicare Certification and Certification by AAAHC. Federal and State regulations require that we disclose that this Facility is owned and operated by Drs. Paltrowitz, Goldfarb, Schmidt, Micale and Palance, as an extension of their medical office. You may, of course, see, treatment at a health care service provider of your own choice. At our Facility, we strive to meet or exceed all standards of patient care and provide state of the art technology to make your procedure as comfortable as possible.

Teaneck Gastroenterology and Endoscopy Center is contracted with Medicare, Oxford, United Healthcare, Horizon BCBS, Empire and Qualcare. If your insurance plan is not one of these carriers, you will be using Out of Network Benefits. Please be aware that you may be personally responsible for the co-payment and/or Facility co-pay as specified by your insurance carrier for out of network benefits. In the event that you have any questions about your financial responsibility, please call us at 201-837-9449 and ask for the Benefits Manager; she will be happy to explain your responsibility in accordance with your insurance plan.

As our patient, you have the right to enter into an **Advance Directive**. An Advance Directive means a written statement of your instructions and directions for health care in the event that your future decision-making capabilities become incapacitated. An Advance Directive may include a proxy directive or an instruction directive or both. More detailed information will be provided.

You also have the right to make informed decisions regarding your care. This includes the right to make decisions to accept, refuse or choose from alternative or medical and/or surgical treatment. A full copy of the **Patient Rights and Responsibilities** will be provided for your review.

It is the patient responsibility to provide a **responsible adult to transport / accompany you home after the procedure**. You will be scheduled to arrive a half-hour prior to the time of your appointment and will spend about 2 – 2 ½ hours with us. Please arrange to have a responsible adult drive you home.

By signing the Disclosure Form, you or your legal representative acknowledges that you have received verbal and written notification **PRIOR TO THE DATE OF YOUR PROCEDURE** regarding:

1. The financial interest of your physician in Teaneck Gastroenterology and Endoscopy Center.
2. The Facility disclosure on Advance Directive.
3. A copy of The Patient Rights and Responsibilities.

PATIENT SIGNATURE:

WITNESS:

Signature

Signature

Printed Name

Printed Name

Date

Date