

You are almost there! We need ONE MORE favor please!

TRYON ENDOSCOPY CENTER patients please read carefully.

To expedite check-in and registration upon arrival, please **COMPLETE** the following medical history forms in their entirety **PRIOR** to your arrival at Tryon Endoscopy Center. Be prepared to present them with your **photo ID and insurance card(s)** to our registrars. This is vital to being checked in on time. If your paperwork is not completed, you will be seated and asked to complete it before being taken back for your procedure. This can delay your procedures' start time. We thank you in advance for your cooperation and look forward to taking care of you.

Don't forget!

1. Warm socks for your tootsies!
2. Photo ID, Insurance card(s)
3. This completed packet
4. You should NOT arrive for the test eating or drinking fluids of any kind. Your procedure will be cancelled/rescheduled.
5. IF YOU ARE TAKING ANY OF THE FOLLOWING MEDICATIONS PLEASE STOP ACCORDINGLY

<ul style="list-style-type: none"> Phentermine, Qysmia, Plenity, Phendimetrazine 	72 Hours
<ul style="list-style-type: none"> Semaglutide – Ozempic, Wegovy Dulaglutide – Trulicity Exenatide – Bydureon, Byetta Tirzepatide – Monjaro, Zepbound 	7 Days
<ul style="list-style-type: none"> Liraglutide – Victoza, Saxenda, Rybelsus Exenatide – Bydureon, Byetta 	2 Days
<ul style="list-style-type: none"> Coumadin Plavix Effient 	5 Days
<ul style="list-style-type: none"> Brillinta 	3 Days
<ul style="list-style-type: none"> Xarelto Eliquis 	2 Days

PATIENT NO SHOW POLICY

TRYON ENDOSCOPY CENTER

Policy Statement

This policy is intended to set consistent standards for management of patients that are considered a “no show” for their appointment at Tryon Endoscopy Center. To maintain a seamless patient experience, you must call our office three (3) business days prior to the procedure. If you cancel or reschedule your procedure less than three (3) business days before your scheduled appointment, you may be charged a \$100 no show fee.

Policy Details

All patients that do not let the Tryon Endoscopy Center know of their cancellation three (3) business days prior to their scheduled procedure will be considered a ‘No Show.’

1. Effective 10/23/23, all patients who fail to show up for a procedure without providing a three (3) business day notification, will be considered a ‘No Show,’ and may be charged a \$100.00 no-show fee.
2. All patients that cancel or reschedule their procedure less than three (3) business days prior to their scheduled appointment may be charged a \$100.00 fee.
3. The fee will not be covered by insurance. It is the sole responsibility of the patient to ensure they pay the \$100.00 fee prior to the next appointment.
4. Tryon Endoscopy Center is willing to provide printouts of scheduled appointments.
5. In the event of an emergency and prior notice cannot be given, you must call the Tryon Endoscopy Center front desk number listed below. Consideration will be given at the discretion of your physician, and a one-time exception may be granted.

Schedule changes must be made by calling the Tryon Endoscopy Center front desk (704-275-3256). If it is after regular business hours Monday- Friday, a holiday or weekend, please leave a message. Tryon Endoscopy Center understands that on rare occasions an unforeseen emergency may occur. If you should experience such an emergency, please contact our front desk to discuss the relevant circumstances.

I have read and understood the ‘Patient No show Policy-Tryon Endoscopy Center’ and agree to its terms. I understand that violations of this policy may adversely impact my ability to be seen.

Signature (Patient or legal guardian)

Date

Tryon Endoscopy Center
16817 Marvin Road
Charlotte, NC 28277
704-275-3256

We at Tryon Medical Partners, PLLC are proud to be sole owners of Tryon Endoscopy Center, LLC. We are pleased that you have chosen Tryon Endoscopy Center, LLC for your upcoming procedure. Our staff is professionally trained to provide the highest quality care at the lowest possible cost. We want your visit to be an excellent experience. It is the responsibility of the Center to provide you with a written copy of your rights and responsibilities as well as the Center's policy on Advanced Directives. We encourage you to ask questions and to let the staff know of any special needs you may have.

Advanced Directives:

Each patient has the right to be treated in an individual and holistic manner. The issues of a Living Will, Advance Directive and Healthcare Power of attorney will be addressed according to each patient's desire and the need for more information.

To ensure that all necessary actions are taken to preserve life in an emergency situation, all Advance Directive orders will be limited, and we would attempt to resuscitate and transfer to a hospital in the event of deterioration while you are a patient. If you so desire, a copy of your Advance Directive may be made part of your medical record. In the event that you require transfer to another facility, this information will be transferred along with any other necessary medical information.

Every patient has the right to cancel their appointment if they are not satisfied with the statement above and reschedule with another provider of choice.

To Report Complaints:

Sharing concerns, complaints and grievances will not compromise a patient's care and/or treatment or services rendered. If you have a question about your care or the safety of your surroundings, please let us know. If at any time you have a complaint or concern, you may contact your nurse, the nursing supervisor or you may call Tryon Endoscopy Center Administrator at 704-275-3256. Although it is our desire to resolve your concern at the local level, it is your right to make a complaint directly to the NC Department of Health and Human Services, Office for Civil Rights Headquarters and/or Accreditation Association for Ambulatory Health Care information in the following attachments:

Please read the attached patient rights and responsibilities prior to arrival.
If you have any further questions regarding patient rights and responsibilities,
contact our office at 704-275-3256.

PREPARATIONS

If you have questions about your procedure, please do not hesitate to call us. Our office hours are Monday — Friday, 8:00am to 5:00pm. **Call us at 704 489 3410.**

Be prepared for your procedure by following these instructions:

- Arrive with an adult family member or friend. For your safety, we ask that this person be available during the duration of your procedure and is prepared to provide you with a ride home. If you do not have a companion available on your procedure date, please contact COMFORCARE, 7 days prior to your procedure, to obtain transportation at 704-543-0630.
- Do not consume alcoholic beverages two days prior to your procedure.
- Consult with your doctor if you take any medications, including aspirin, ibuprofen and blood-thinning medicines.
- If you smoke, stop or cut down before your procedure.
- Refer to the provided instructions for eating and drinking before your procedure.
- Do not bring valuables with you.
- Wear loose, comfortable clothing.
- If there are any other special instructions, please share them with your doctor or nurse.

On procedure day, please bring:

- Your insurance card, photo I.D., and copayment (if applicable).
- Your completed patient history form.
- **Medications**—Either bring your medications in their original prescription containers or indicate these medications on your patient information form.
- Map and directions to the Tryon Endoscopy Center, please see to the right.

Patient Responsibilities

The patient is responsible for providing, to the best of his/her knowledge, a complete and accurate medical history, including to the extent possible, information about past illnesses, medications, including over-the-counter products and dietary supplements and any allergies or sensitivities, hospitalizations, family history of illness, and other matters relating to present health.

The patient is responsible for expressing his /her concerns clearly and honestly to their physicians.

The patient is responsible for following the agreed upon treatment plan recommended by his/her provider. This may include following reasonable instructions of nurses and other Atrium Health personnel as they implement the physician's plan of care and as they enforce applicable facility rules and regulations. The patient is responsible for disclosing whether previously agreed upon treatments are being followed and to indicate when he/she would like to reconsider the treatment plan.

- The patient is required to provide a responsible adult to transport him/her home from the facility and stay at the facility during the procedure.
- The patient is responsible for requesting information and clarification about his/her health status or treatment when he/she does not fully understand what has been described.
- The patient is responsible for informing his/her provider about any living will, medical power of attorney or other directive that could affect his/her care.
- The patient is responsible for being considerate of the rights of others and all healthcare providers.
- The patient is responsible for his/her actions, and their consequences, if he/she refuses treatment or does not follow the physician's instructions.
- The patient is responsible for refraining from behavior that places the health of others at risk.
- The patient is responsible for providing the facility with accurate and timely information concerning his/her source of payment and accepts personal financial responsibility for any charges not covered by his/her insurance.
- The patient is responsible for asking questions. You and your family are responsible for asking questions when you do not understand your care or what you are expected to do. Let your doctor or nurse know about any pain you may experience.
- The patient and his/her family are responsible for promptly meeting any financial obligation agreed upon with the facility.

Patient and Visitor Use of Cell Phones and Mobile Devices on Tryon Endoscopy Center Premises

At Tryon Endoscopy Center, our patients are at the center of everything we do. Among our many priorities, we value and respect the privacy of our patients, our visitors, and our staff. The following is our policy on when you can use your personal devices on our premises. We appreciate your cooperation and ask you to follow them while at Tryon Endoscopy Center.

Patients and visitors are welcome to use personal devices in the following areas:

- Outside the practice
- Common public areas, such as lobby
- Parking lots

Please be considerate of those around you when using your mobile devices. Remember that others may overhear your conversations and that you may not have an expectation of privacy. Use low, quiet voices, and do not act in a disruptive or disrespectful manner. Talking or texting can be distracting or expose you to cyber security risks. You are also responsible for your own safety and security while using your mobile devices.

Our priority is to deliver quality care to our patients. In order to do so, use of mobile devices by patients are prohibited in all patient areas, including:

- All patient care areas beyond the lobby

Please do not take, share, or post pictures, recordings, or videos of Tryon Endoscopy Center staff and providers without their permission. This even includes while they are doing their jobs. You must ask their permission first before taking the picture, making the recording, or publishing it, such as on Facebook or Instagram.

You are not allowed to take pictures of other patients and visitors without their permission. Our other patients and visitors also have an interest in privacy. It is not appropriate to take pictures of other patients, including in group settings, without their permission.

We have the right to ask you to stop using your mobile devices and/or recording in violation of our policy. If you refuse, we may stop your treatment and ask you to leave. If you are a visitor, we may ask you to leave regardless of whether the patient is still being treated by us. Privacy is everyone's responsibility, and we appreciate your cooperation and support.

Thank you for helping us protect privacy

Patient Financial Policy

Thank you for choosing Tryon Medical Partners, as your health care provider. We are committed to building a successful physician-patient relationship with you and your family. Your clear understanding of our Patient Financial Policy is important to our professional relationship. Please let us know if you have questions about our fees, our policies, or your obligations. It is your responsibility to notify our office of any patient information changes (i.e. address, name, insurance information, etc).

Insurance Billing

We participate in most major health insurance plans. As a courtesy to our patients, we will submit insurance claims to your carrier, however we expect you to:

- Be responsible for understanding the details of your insurance coverage, including preventative care benefits, requirements for pre-authorization for procedures, annual deductible, and copay/coinsurance amounts.
- Provide us with a current copy of your insurance card and notify us of any changes in your insurance coverage. If we do not have current insurance billing information, we will expect full payment at the time of service.
- Pay your copay, deductible, co-insurance, at the time of service. **Please note** Tryon Medical Partners does not accept starter checks or Care Credit.
- Be responsible for any charges not paid by your insurance company within 60 days of our filing. If your insurance company is not contracted with us, you agree to pay any portion of the charges not covered by insurance, including but not limited to those charges above the usual and customary allowance. If we are out of network for your insurance company and your insurance pays you directly, you are responsible for payment and agree to forward the payment to us immediately.
- You may request an itemized statement of charges for the services provided.

Referrals and Pre-authorizations

Certain health insurances (HMO, POS, etc.) require that you obtain a referral or prior authorization from your Primary Care Provider (PCP) before visiting a specialist. If your insurance company requires a referral and/or preauthorization, you are responsible for obtaining it. Failure to obtain the referral and/or preauthorization may result in a lower or no payment from the insurance company, and the balance will be your responsibility. Alternative payment arrangements or rescheduling of your appointment may be necessary if not obtained.

No insurance or for visits/services not covered by your carrier, we expect you to:

- Pay \$500.00 deposit prior to Gastroenterology Procedure being performed. Upon completion of your services arrangements can be made to accommodate a self-pay rate and payment plan.
- If you are a Medicare patient, an Advanced Beneficiary Notice (ABN) may be required to acknowledge your understanding of your responsibility of services that are not covered by Medicare.
- Extended payment arrangements may be available, if needed. Please ask to speak with a billing coordinator to discuss a mutually agreeable payment plan.

Delinquent Accounts

You will receive a monthly statement showing itemized charges and the total due on your account.

- If a patient stops making payments on his/her outstanding balance for longer than 30 days, he/she will be considered as having a delinquent account.
- Before patients with delinquent accounts will be allowed to return for care, they must make a payment.
- Patients with outstanding balances may have their accounts forwarded to a collection agency after 90 days of non-payment.
- While we always see patients for emergency care, routine care will only be given to patients whose accounts are current or who have made financial arrangements with the business office and are maintaining the conditions thereof.

Credit Balances

If your account reflects a credit balance of \$5.00 or less, our policy is to carry the balance on the account until your next appointment or your transfer from the organization. If your account reflects a credit balance of more than \$5.00, we will maintain your credit until our Accounts Receivable staff processes your credit, or a request is made by you, the patient, to receive a refund.

Refunds

All refunds are reviewed and processed every 30 days, if you make a request, please allow ample time for review of your entire account and processing through our accounting department. Refunds are not issued when outstanding insurance claims are still "in processing" with your insurance company. Please contact our billing office with questions.

Returned Checks

A \$25 fee will be assessed to your account for each returned check. This fee and the original check amount must be paid in full with cash, credit card, or money order prior to your next appointment. After receiving two (2) returned checks, we will no longer accept checks as a method of payment.

Patient Estimates

All patient balances are calculated based on the physician charges only and do not include any laboratory, pathology, anesthesia, or additional medical services you may need upon further review by your physician at the time of service.

Medical Record Copies

You may obtain a copy of your medical records by contacting our office at 704-495-6324 and completing a medical release of information form. This must be obtained by our office 5 – 7 days prior to the date of retrieval. The cost for this service is \$25.00.

Forms

Disability, Life Insurance, and other forms are often requested to be completed by the practice. Many of the forms require review by the physicians and the completion of detailed medical history questionnaires. Please allow 5-7 days for completion of any requested forms. The charge for this service is \$25.00. The fee for document completion must be paid in full when forms are submitted to our office.

Minors

The parent(s) or guardian(s) accompanying a minor is responsible for providing current insurance information for the minor and/or payment in full for services provided. A signed release to treat unaccompanied minors may be required.

Billing Office Hours

For your convenience, our Business Office is staffed Monday through Friday from 8:00 AM to 4:30 PM. The phone number is 704-495-6324. Our knowledgeable staff will be happy to address any questions or concerns you may have regarding our financial policy or your account. **Thank you for choosing Tryon Medical Partners**

Patient Rights

Patients are treated with respect, consideration, and dignity. The patient will be accorded impartial access to available medical treatment regardless of race, color, national origin, religion, sex, age, or disability. The patient will have access to the interpreter when necessary and possible. The patient is also entitled to information regarding his/her rights at the earliest possible time during his/her treatment. The patient is entitled to information about the Center rules and regulations affecting patient care and conduct. The patient has the right to cancel their appointment if they are not satisfied and reschedule with another provider of choice. Patients are entitled to information about each facility's mechanism for the initiation, review, and resolution of patient complaints.

Sharing concerns, complaints and grievances will not compromise a patient's care, treatment, or services. If you have a question about your care or the safety of your surroundings, please let us know.

> If at any time you have a complaint or concern, you may contact your nurse, the nursing supervisor or you may call the Administrator at 704-275-3256. Although it is our desire to resolve your concerns at the local level, it is your right to make a complaint directly to the NC Department of Health and Human Services (State Survey Agency), Office of Civil Rights and the Accreditation Association for Ambulatory Health Care is as follows:

Division of Health Service Regulations

Acute and Home Care Branch
2711 Mail Service Center, Raleigh, NC 27699-2711
Branch Manager: Rita Horton
1-800-624-3004 (Toll-free)

<https://info.ncdhhs.gov/dhsr/ciu/filecomplaint.html#mail>

Visit the Ombudsman's webpage at: <http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

Office for Civil Rights Headquarters

U.S. Department of Health & Human Services

200 Independence Avenue, S.W.
Washington, D.C. 20201
Toll Free Call Center: 1-800-368-1019
TTD Number: 1-800-537-7697
www.hhs.gov/ocr

Accreditation Association for Ambulatory Health Care

5250 Old Orchard Road, Suite 200
Skokie, IL 60077
Tel: 847/853.6060
Fax: 847/853.9028
Email: info@aaaahc.org

> If the patient issues are not satisfactorily addressed while at Tryon Endoscopy Center, the investigation will continue. The intent is to provide the patient with a letter outlining the findings within ten days.

To the degree that it is known, patients are provided with information concerning their diagnosis, evaluation, treatment, and prognosis. 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.

The patient has the right to be free from all forms of abuse, neglect, or harassment whether from staff, other patients, or visitors.

The patient is entitled to confidential treatment of his/her medical record. Copies of the patient's medical record will not be released without his/her prior authorization, except as needed due to transfer to another healthcare facility or as required by law or third-party contract. The patient is entitled to timely access to his/her medical record except under limited circumstances which will be documented in the medical record. The patient is entitled to privacy in treatment and in caring for personal needs to the extent possible with consideration, respect and full recognition of his/her dignity and individuality. He/She is also entitled to care that avoids unnecessary pain, discomfort, and duplication. Patients have the right to appropriate assessment and management of pain.

The patient is entitled to know who is responsible for providing his/her direct care, the right to change providers if other qualified providers are available and to receive information concerning his/her continuing healthcare needs, and alternatives for meeting those needs and to be involved in his/her discharge planning, the patient is entitled to receive, upon discharge, information regarding his/her continuing care needs and the means for meeting them.

The patient has the right to have advance medical directives (such as a living will, and/or healthcare power of attorney) concerning treatment or designating a surrogate decision maker with the expectation that the Center will honor the intent of the directive to the extent permitted by law and policy. The patient or surrogate decision maker is entitled to be involved in every aspect of the patient's care at the end of his/her life.

The center's policy for limiting advance directives is we would always attempt to resuscitate a patient and transfer that patient to a hospital in the event of deterioration. For information about Advanced Directives call 919-807-2167 or Visit www.NCLifelinks.org Emergency procedures will be implemented without delay.

The patient is entitled to refuse treatment to the extent permitted by law and to be informed of the consequences of that refusal.

The patient and/or family member as designated by the patient have the right to participate in decisions involving his/her health care. Except when such participation is contraindicated for medical reasons

The patient is entitled to request and receive an itemized and detailed explanation of his/her total bill for service rendered. The patient is also entitled to information and counseling on the availability of financial resources for his/her healthcare.

The patient has the right to express his/her values and beliefs within the limits of the Center's mission and philosophy. Patients can exercise cultural, psychosocial, and spiritual beliefs that do not interfere with the wellbeing of others, specific Center policy or the planned course of medical therapy for the patient.

The patient has the right to access protective services. The patient's guardian, next of kin or legally authorized, responsible person may exercise, to the extent permitted by law, the rights delineated on behalf of the patient if:

1. The patient has been adjudicated incompetent in accordance with law,
2. Is found by his/her physician to be medically incapable of understanding the proposed treatment or procedure,
3. Is unable to communicate his/her wishes regarding treatment
4. Is an unemancipated minor

A list of physicians who have financial interest or ownership in the ASC facility will be provided to the patient, the patient's representative or surrogate.