

Northern Virginia Gastroenterology, P.C.

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PATIENT FINANCIAL RESPONSIBILITY

I hereby authorize the physician to apply for benefits on my behalf for covered services rendered. I request payment from my insurance, be paid directly to Northern Virginia Gastroenterology.

I certify that the information I have reported with regards to my insurance coverage is correct. I agree to promptly pay all charges when billed for medical services rendered and accept legal responsibility for any and all charges for the patient named below.

PROCEDURE POLICIES ACKNOWLEDGEMENT

INITIAL _____ I was provided the Instruction Packet with all details for procedure including date, time and location of the procedure, contact information regarding billing, anesthesia, and pathology.

INITIAL _____ I agree to pay \$300 cancellation fee if I don't provide at least 7 days of notice of cancellation or re-scheduling.

If for any reason you need to re-schedule or cancel your procedure, you must give 7 days of notice. This fee is patient responsibility and WILL NOT be billed to Insurance. This fee is imposed when cancelling due to lack of transportation, inadequately prepping for procedure or absenteeism on day of procedure. Patient will not be charged due to a recent positive COVID result. Patient will be notified at time of scheduling if a COVID test is required.

INITIAL _____ I agree to read all information given regarding facility and anesthesia policies. It is the patient's responsibility to confirm if their insurance is in-network with all parties.

I have read the above information.

Physicians' Name: _____

Patient's Name: _____

Signature: _____

Date: _____

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COLONOSCOPY CONSENT FORM

What is a colonoscopy? Colonoscopy enables your doctor to examine the lining of your colon (large intestine) for abnormalities by inserting a flexible tube into your anus and slowly advancing it into the rectum and colon. Please ask your doctor about anything you do not understand.

Can I take my current medications? Most medications can be continued as usual, but some medications can interfere with the preparation of the examination. Inform your doctor about medications you are taking, particularly aspirin products, arthritis medications, anticoagulants (blood thinners), insulin or iron products. Also, be sure to mention allergies you have to medications.

Alert your doctor if you require antibiotics prior to dental procedures, because you might need antibiotics before a colonoscopy as well.

What happens during a colonoscopy? Colonoscopy is well-tolerated and rarely causes much pain. You might feel pressure, bloating or cramping during the procedure. You will lie on your side or back while your doctor slowly advances a colonoscopy through your large intestine to examine the lining. Your doctor will examine the lining again as he or she slowly withdraws the colonoscopy. The procedure itself usually takes less than 60 minutes, although you should plan on two to three hours for waiting, preparation and recovery.

In some cases, the doctor cannot pass the colonoscopy through the entire colon to where it meets the small intestine. If this should occur, your doctor may then recommend an additional x-ray test.

What if the colonoscopy shows something abnormal? If your doctor thinks an area needs further evaluation, he or she might pass an instrument through the colonoscopy to obtain a biopsy (a sample of the colon lining) to be analyzed. Biopsies are used to identify many conditions, and your doctor might order one even if he or she doesn't suspect cancer. If colonoscopy is being performed to identify sites of bleeding, your doctor might control the bleeding through the colonoscopy by injecting medications or by coagulation (sealing off bleeding vessels with heat treatment). Your doctor might also find polyps during colonoscopy, and he or she will most likely remove them during the examination. These procedures don't usually cause any pain.

Preparation: You will be given a separate instruction sheet detailing the preparation, date, time, and location of the procedure.

Risks: The risks are minimal and include pain, bleeding, 10% missed colon polyps rate and perforation, which is a tear in the lining of your gastrointestinal tract. These risks occur less than 1% of the time. Other risks include reaction from the medication used for sedation.

Alternatives: there are alternative diagnostic and/or therapeutic approaches including x-ray, which are usually a less accurate means of testing; and surgery, which is more invasive.

I have read the above information and understand the indications and risks of this examination. I consent to the taking and reproduction of any photographs of the procedure for medical purposes. I hereby authorize and permit the Physician to perform this procedure.

Patient's Name: _____

Signature: _____

Date: _____

Northern Virginia Gastroenterology, P.C.

UPPER ENDOSCOPY (EGD) CONSENT FORM

What is upper endoscopy? Upper endoscopy lets your doctor examine the lining of the upper part of your gastrointestinal tract, which includes the esophagus, stomach and duodenum (first portion of the small intestine). Your doctor will use a thin, flexible tube called an endoscope, which has its own lens and light source, and will view the images on a video monitor. You might hear your doctor or other medical staff refer to upper endoscopy as upper GI endoscopy, esophagogastroduodenoscopy (EGD) or panendoscopy. Please ask your doctor about anything you do not understand.

Why is upper Endoscopy done? Upper Endoscopy helps your doctor evaluate symptoms of persistent upper abdominal pain, nausea, vomiting, or difficulty swallowing. It is an excellent test for finding the cause of bleeding from the upper gastrointestinal tract. It is also more accurate than X-ray films for detecting inflammation, ulcers and tumors of the esophagus, stomach and duodenum. Your doctor might use upper endoscopy to obtain a biopsy (small tissue samples). A biopsy helps your doctor distinguish between benign and malignant (cancerous) tissues. Your doctor might use a biopsy to test for Helicobacter pylori, bacterium that causes ulcers. Your doctor might also use upper endoscopy to perform a cytology test, where he or she will introduce a small brush to collect cells for analysis. Upper endoscopy is also used to treat conditions of the upper gastrointestinal tract. Your doctor can pass instruments through the endoscope to directly treat many abnormalities with little or no discomfort. For example, your doctor might stretch a narrowed area (dilation); remove polyps (usually benign growths) or treat bleeding.

Preparation: You will be given a separate instruction sheet detailing the preparation,

Risks: The risks are minimal and include pain, bleeding, and perforation, which is a tear in the lining of your gastrointestinal tract. These risks occur less than 1% of the time. If stretching or dilation of the esophagus is performed, the risk of perforation is slightly greater. Other risks include reaction from the medication used for sedation.

Alternatives: there are alternative diagnostic and/or therapeutic approaches including x-ray, which are usually a less accurate means of testing; and surgery, which is more invasive.

I have read the above information and understand the indications and risks of this examination. I consent to the taking and reproduction of any photographs of the procedure for medical purposes. I hereby authorize and permit the Physician to perform this procedure.

Patient's Name: _____

Signature: _____ **Date:** _____

Northern Virginia Gastroenterology, P.C.

DISCLOSURE OF INTEREST IN REFERRAL FACILITY OR CLINICAL LABORATORIES

Dear Patient,


The doctors of Northern Virginia Gastroenterology, PC strive to make your endoscopy/colonoscopy experience safe and comfortable. To that end, the doctors listed at the bottom of this page have invested and maintained a material financial interest in several facilities so we can maintain the quality care that you deserve. These investments are:

- 1) Sterling Endoscopy Center LLC and the exclusive anesthesia provider at that location, Sterling Anesthesia.
- 2) The Chantilly Endoscopy Center (Northern Virginia Center for Gastrointestinal Endoscopy – NVCGE) and the exclusive anesthesia provider at that location, Old Dominion Anesthesia.
- 3) Maya Labs. CAP and CLIA accredited, and licensed in the state of Virginia. This local pathology lab processes most of the biopsy specimens from the endoscopy centers above. Some insurers have arrangements with other pathology labs. If that is the case, we send your specimens to insurer-authorized labs that we have chosen for their quality, even if it is out of state.
- 4) We have partnered with the local hospital system and have a financial interest in one additional endoscopy center: INOVA Northern Virginia Surgery Center located on the Fair Oaks Hospital campus. We have no financial interest in the anesthesia group or pathology services used by this center.
- 5) The Doctors of Northern Virginia Gastroenterology, PC have privileges to perform procedures at this facility, but have no financial relationship with them: Fair Oaks Hospital.

We are required by Virginia law to notify you of these financial relationships so you may make an informed choice. Virginia law does not prohibit our financial interest in these entities and facilities but only requires that they be disclosed to you. You may receive the above services from other suppliers in our community. It is your right to request that your procedure be done through an entity or at a facility where a financial relationship does not exist with your physician. This notice is being given to you prior to the referral so you are aware of your options.

Please notify us of your choice if you want a different entity or facility for your health services when you are scheduling your procedure. If you already have a procedure scheduled, please call no later than 7 days before the scheduled date to request another date or location. Dr. Lasner: (703) 263-3393 Dr. Chand: (703) 378-1734

Sincerely,



Lance Lasner, MD



Nisha Chand, MD

Patient's Name: _____ **DOB:** _____

Signature: _____ **Date:** _____