



2355 Derr Road, Suite B  
Springfield, OH 45503  
(937) 629-3600

**Gastro Care, LLC would like to assure you of your rights and responsibilities as a patient.**

### *Patient Rights – You have the right to:*

- Considerate, respectful, and dignified care provided in a safe environment.
- Know the names and roles of the people caring for you here.
- Information regarding your diagnosis, treatment, prognosis, unanticipated outcomes. This includes access to your medical records.
- Involve yourself or your legal representative in the decision making process for medical decisions regarding your care.
- Appropriate assessment and management of pain.
- Full consideration of privacy and confidentiality of your medical information.
- Impartial access to treatment regardless of race, color, sex, national origin, religion, handicap, or disability.

### *Patient Responsibilities – You agree to:*

- Provide accurate and complete information concerning your symptoms, past and current health history, including medications and allergies/reactions.
- Make known whether you have a clear understanding of your medical care and what is expected of you in the plan of care.
- Follow the treatment plan and care instructions given to you.
- Accept responsibility for your actions if you refuse planned treatment or do not follow your doctor's orders.
- Accept financial responsibility for care received and pay promptly.
- Follow facility policies and procedures.
- Be considerate and respectful of the rights of other patients and facility personnel.
- Provide a responsible adult to stay with you at the facility and transport you home after your procedure.

### *Patient Complaint and Grievance*

Gastro Care, LLC will promptly review, investigate, and resolve any patient complaints or grievance in a timely manner. If you feel that you have an issue, please contact the administrator at (937) 629-0100 Ext. 105. You may also contact the Ohio Department of Health at (800) 342-0553 or via e-mail at [HCComplaints@odh.ohio.gov](mailto:HCComplaints@odh.ohio.gov). All Medicare beneficiaries may also file a complaint with the Medicare Beneficiary Ombudsman at [www.cms.hhs.gov/center/ombudsman.asp](http://www.cms.hhs.gov/center/ombudsman.asp).

### *Disclosure of Physician Ownership*

Dr Challa Ajit has a financial interest in this facility.

## *Privacy and Confidentiality*

- Gastro Care, LLC complies with federal HIPAA (Health Insurance Portability and Accountability Act) regulations.
- I acknowledge that I have been informed that a HIPAA Privacy Notice is available to me upon my request.

Please list the family members or other persons, if any, who we may inform or contact about your general medical condition. This information may include your diagnosis, plan of treatment, and medication use. **Please complete the following.** You do not have to list anyone:

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____

**Please list your driver's information: (WOULD YOU LIKE THIS PERSON TO COME TO YOUR RECOVERY ROOM WITH YOU?) Y / N**

## *Financial Policy*

- The patient is expected to make every effort to pay any amount they are personally responsible for prior to the date of the procedure or at the time of the procedure. This amount includes insurance co-pays, deductibles, co-insurance, and self-pay amounts. Gastro Care, LLC will make every effort to accurately determine the patient's out-of-pocket expense based on information available from the patient's insurance company.
- If the patient does not have insurance coverage at the time of the service, it is the expectation of Gastro Care, LLC that a predetermined amount be paid by the patient prior to the procedure.
- The patient's insurance will be billed as a courtesy to our patients. Gastro Care, LLC will make every reasonable effort to bill your carrier in a timely and accurate manner.
- Any remaining balance after insurance has satisfied their obligation to you based on your contract with them must be paid in a timely manner. Should payment result in a severe hardship every effort will be made to work out a payment plan. Should you qualify for a payment plan, arrangements must be made with management.

## *Advance Directives*

Gastro Care, LLC is not an acute care facility. **Your Advance Directive will be suspended at our facility regardless of the contents of any advance directive or instructions from a health care surrogate or attorney.** Therefore, if an adverse event occurs during your treatment, we will initiate resuscitative or other stabilizing measures and transfer you to Springfield Regional Medical Center for further evaluation. Your agreement with this policy **DOES NOT** revoke or invalidate any current health care directives or health care power of attorney.

### **What is an Advance Directive?**

An **advance health care directive**, also known as a **living will, personal directive, advance directive, or advance decision**, are instructions given by individuals specifying what actions should be taken for their health in the event that they are no longer able to make decisions due to illness or incapacitation, and appoints a person to make such decisions on their behalf. A living will is one form of advance directive, leaving instructions for treatment.

### **Please check all that apply:**

I have an Advance Directive

I do not have an Advance Directive

I did not bring my Advance Directive to Gastro Care, LLC.

By signing this document, I acknowledge that I have read both pages, understand them and agree to their contents.

\_\_\_\_\_  
Signature of Patient or Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time: *AM/PM*

Our current hours of operation are Monday-Friday 7:00am – 3:00pm. After hours medical needs should be directed to your attending physician or go to the nearest Emergency Department.