



THE OREGON CLINIC, PORTLAND GASTROENTEROLOGY
 1111 NE 99TH AVE
 PORTLAND, OR 97220
 PHONE: 503-963-2707 FAX: 503-963-2802
 PLEASE CALL AT ANY TIME IF YOU HAVE QUESTIONS

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PEG TUBE PREP INSTRUCTIONS

PROCEDURE DATE: _____

ARRIVAL TIME: _____ AM/PM

PROCEDURE TIME: _____ AM/PM

PLEASE REPORT TO:

- Providence Portland Medical Center (Main Admitting) 4805 NE GLISAN ST, PORTLAND
- Providence Milwaukie Hospital (Main Admitting) 10150 SE 32ND AVE, MILWAUKIE
- Legacy Mt. Hood Medical Center (Main Admitting) 24800 SE STARK, GRESHAM

NO DRIVING FOR 24 HOURS AFTER YOUR PROCEDURE. YOU MUST HAVE A RIDE HOME.

You may not take a Taxi, Bus, MAX, or any type of Public Transportation unless accompanied by an adult. *All rides must remain at the ASC while you are here Total time averages 1 ½-2 hours.*

PREPARATION:

Take all regularly scheduled medications unless otherwise specified in these instructions

<p><u>7 DAYS PRIOR</u> DATE: _____ PLAVIX</p>	<p>If you are taking Plavix, hold this medication 7 days prior to your procedure unless instructed otherwise by our office or your prescribing physician.</p>
<p><u>5 DAYS PRIOR</u> DATE: _____ COUMADIN/WARFARIN</p>	<p>If you are taking Coumadin/Warfarin, hold this medication 5 days prior to your procedure unless instructed otherwise by our office or your prescribing physician.</p>
<p><u>NIGHT PRIOR</u> DATE: _____</p>	<p>You are to have no solid food past midnight the night before your procedure.</p>

<p><u>DAY OF</u> DATE: _____</p> <p style="text-align: center;">CLEAR LIQUIDS</p>	<p>You may have clear liquids up until 6 hours before your scheduled procedure time.</p> <p style="text-align: center;"><u>Examples of Clear Liquids:</u></p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td>Water</td> <td>Popsicles</td> <td>Jell-O</td> </tr> <tr> <td>Black Coffee</td> <td>Crystal Light</td> <td>Soda Pop</td> </tr> <tr> <td>Tea</td> <td>Gatorade</td> <td>Propel</td> </tr> <tr> <td>Broth</td> <td>Clear/Strained Juices</td> <td></td> </tr> </table>	Water	Popsicles	Jell-O	Black Coffee	Crystal Light	Soda Pop	Tea	Gatorade	Propel	Broth	Clear/Strained Juices	
Water	Popsicles	Jell-O											
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ADDITIONAL INSTRUCTIONS:

- **Take all regularly scheduled medications, INCLUDING PAIN MEDICATION, unless otherwise specified.**
- **If you are a DIABETIC, please be sure to obtain additional instructions from the nursing staff today.**
- Bring your insurance card to your procedure.
- Do not bring valuables to your procedure.
- Friends and family may not watch your procedure.
- There is a \$100 charge for appointments not kept or not cancelled 48 hours in advance.



**PATIENTS RECEIVING AMBULATORY SURGICAL SERVICES
(ENDOSCOPIC PROCEDURES)**

You will be billed for two separate components:

- 1. The physician services provided (professional fees) and the**
- 2. Surgical suite (usage of the facility including recovery suite).**

PLEASE NOTE: This fee does NOT include the initial consultation, lab or pathology or any follow up visits with our providers. This means that if, during your procedure, a biopsy is taken or tissue is removed, you will also receive a separate billing for any lab or pathology services deemed necessary during your procedure.

ANY BALANCE DUE is determined by your insurance company, depending on deductible and co-insurance responsibilities. If you have medical insurance, we are legally required to bill them for services we provide.

NON-COVERED SERVICES:

- If your insurance does not cover your procedure, THE OREGON CLINIC offers a reduced fee. We must bill your insurance and receive the denial before this discount can be applied to your bill.**
- You are responsible for a \$500.00 deposit on the day of your procedure for non-covered services or no insurance coverage. The clinic will bill you the remaining balance due on your bill, payable within 30 days. Non-covered services may not be determined until after the appointment is scheduled but you should be notified before the date of service.**
- If during your procedure it is determined that an alternate procedure is necessary (e.g. a polyp is removed during a “screening colonoscopy”) then this changes our billing obligation as we are required to bill your insurance for the change in service. Your out of pocket cost is determined by your insurance coverage.**

**IF YOU HAVE ANY QUESTIONS REGARDING THE BILLING, PLEASE CONTACT
THE OREGON CLINIC BUSINESS OFFICE AT: 503-963-2900**



PHYSICIAN DISCLOSURE

During your course of treatment, your physician may refer you to The Oregon Clinic Endoscopy Center, which is located at 1111 NE 99th Ave, Ste 302, Portland, Oregon 97220.

The Physicians of The Oregon Clinic Portland Gastroenterology hereby advise you that the Physicians of The Oregon Clinic Portland Gastroenterology have ownership interest in The Oregon Clinic Endoscopy Center.

Please be advised that you have the right to obtain healthcare services at any other endoscopy center, hospital or provider of your choice.

THE OREGON CLINIC ENDOSCOPY CENTER ADVANCED DIRECTIVE POLICY

Life-sustaining efforts will be initiated and maintained on all patients who may have a cardiac/respiratory event while at The Oregon Clinic Endoscopy Center. If available, copies of any advanced directives will accompany the patient transferred to another facility.



THE OREGON CLINIC PATIENT RIGHTS AND RESPONSIBILITIES

OUR RESPONSIBILITIES

As a patient of The Oregon Clinic you can expect:

- Considerate, respectful and compassionate care in a safe and secure environment.
- The right to personal privacy.
- The right to receive care free of all forms of abuse or harassment.
- The ability to exercise your rights without being subjected to discrimination or reprisal.
- The right to voice grievances regarding treatment or care that fails to be furnished.
- Information about your diagnosis, treatment, and expected result be provided by your specialist or designated staff in terms that you can understand before it has been performed.
- To receive the necessary information about a procedure or proposed treatment in order to give informed consent or to refuse this course of treatment.
- Assistance from a patient representative in expressing grievances or complaints verbally or in writing. Visit www.cms.hhs.gov/center/ombudsman.asp or 1-800-MEDICARE, www.oregon.gov/DHS/ph/hclc/docs/hclc_intake.pdf or Department of Human Services, Health Services, PO Box 14450, Portland, Or 97293-0450, 971-673-0540.
- To know who it is that is interviewing and examining you.
- Within the confines of the law, you can review your medical records and all communications and records pertaining to your care will be treated as confidential.
- All patients have the right to examine and receive an explanation of their bill, regardless of the source of payment.
- All patients or any legal representative of the patient, have the right to exercise the patient's rights to the extent allowed by State law.
- Have in effect and documented on your medical record any Advanced Directives concerning Living wills or medical powers of attorney. For further information visit www.oregon.gov/DCBS/SHIBA/advanced_directives.shtml

YOUR RESPONSIBILITIES

As a patient of The Oregon Clinic, you and/or your representative are expected to:

- Provide complete and accurate information about your health including present condition, past illnesses, hospitalizations, medications and any other information that pertains to your health.
- Provide complete and accurate billing information for claim processing and to pay bills in a timely manner.
- Ask questions when you do not understand what your doctor or a member of your health care team tell you about your diagnosis or treatment. You should inform

your doctor if you anticipate not following prescribed treatment or are considering alternative therapies.

- Keep appointments, be on time for your appointments and notify your physician as soon as possible if you cannot keep your appointments.
- Be respectful of others and their property while in The Oregon Clinic facilities.

Rev 11/2010