Advance Directive Policy

Advance Directives allow a person to give directions about medical care or to designate another person(s) to make medical decisions if he or she should lose decision-making capacity. Advance directives may include living wills, durable powers of attorney or similar documents portraying the patient's preference.

The existence of an advance directive, or lack thereof, will not determine the patient's access to care, treatment or services.

As specialists providing outpatient services in an ambulatory setting, Puget Sound Gastroenterology, PS Endoscopy Center Providers do not directly address advance directives with patients scheduled for procedures at our centers, it is our policy to honor advance directives presented to us by our patients. In addition, if a patient requests advance directive forms or information regarding the health and safety laws for Washington State, they will be provided.

Should an untoward event happen to a patient while he or she is in our facility, it is our policy to stabilize the patient and transport to the appropriate hospital with a copy of the advance directive. Patients not agreeing to this Statement of Limitation will be redirected to another healthcare provider prior to the procedure.

Advance Directives

As a patient, you have certain rights. Please review our Patient Bill of Rights to know what your rights are. Should you have further concerns about the care being provided to you, you may contact our Puget Sound Gastroenterology Administration (425-977-4620) or the Washington State Department of Health Complaint Hotline (1-800-633-6828).

Disclosure of Physician Interest

As a patient, you are hereby advised that the following physicians have an ownership interest in your Centers:

Edmonds Endoscopy Center
21600 Hwy 99, Suite 260
Edmonds, WA 98026

- Cara K. Dobley, MD
- Gary N. Dines, MD
- Michelle Gottschlich, MD
- Jinfeng Jeff Guo, MD
- Jason L. Schneier, MD

Seattle Endoscopy Center
11027 Meridian Ave N, Suite 100
Seattle, WA 98133

- Crystal L. Bernstein, MD
- Steven T. Lewis, MD
- Alexandra E. Read, MD
- Wateru Tamura, MD
- Dariik Tsubakuchi, MD
- Stacy Tong, MD
- Steven J. Wegley, MD

Fremont Endoscopy Center
501 N 34th St., Suite 101
Seattle, WA 98105

- Crystal L. Bernstein, MD
- Steven T. Lewis, MD
- Alexandra E. Read, MD
- Wateru Tamura, MD
- Dariik Tsubakuchi, MD
- Stacy Tong, MD
- Steven J. Wegley, MD

Evergreen Endoscopy Center
11800 NE 128th St., Suite 100
Kirkland, WA 98034

- Russ Arijel, MD
- Janelle Brown-Chang, MD
- Sue C. Eng, MD
- Alina Garvola, MD
- Peter G. Justin, MD
- Arnold I. Levin, MD
- Ronald E. Macon, MD
- T. Robin Shaene, MD
Important Financial Information About Your Endoscopy Procedure

Thank you for choosing Puget Sound Gastroenterology as your healthcare provider. We are committed to providing you with the best possible medical care at the lowest possible cost. Below you will read about some of our fees, payment policies and billing practices. You will also find some suggestions and precautions related to how your procedure(s) will be billed.

PSG Billing/Multipay Bills

You can expect to have at least two separate charges for your procedure; one for the physician charges for the professional fees and another charge for the Facility (one of our freestanding Ambulatory Surgical Centers located at our clinic). In addition, if your procedure requires a biopsy, polyp removal, or other therapeutic technique, there will be additional charges. In such case, you may also receive separate bills from the pathology and the laboratory. In some cases, you may receive a separate billing from an anesthesiologist if anesthesia is used beyond the frequently used conscious sedation.

Insurance Questions

Your insurance coverage is a contract between you and your insurance company. This means that it is your responsibility to see that your insurance company covers your bill. Our office is not involved in setting your coverage benefits, exclusions, preventative benefits, waiting periods, or determining if a referral is needed. Coverage and/or benefits issues can best be addressed by your employer, group plan administrator, or insurance carrier directly.

The nature of the diagnosis that has led to your procedure is best discussed with your provider at Puget Sound Gastroenterology. Based on findings during your procedure, a planned biopsy may be performed. For this reason, we strongly suggest that you verify both kinds of coverage when talking with your insurance carrier.

At Puget Sound Gastroenterology, we have found that your overall experience is greatly enhanced when you are not burdened with financial surprises following your treatment. Before your scheduled procedure, PSG will be verifying your eligibility, however, please contact your insurance company to familiarize yourself with your benefits and to help determine how your insurance company will process your claim. We will not cancel your procedure if you cannot afford to pay the out-of-pocket expenses you may incur. Should you have further questions about your procedure or the billing of your procedure, please contact our Patient Financial Services staff at 425-977-4620. We do not change the coding of your procedure after it is billed, so please ask questions of us prior to your procedure.

Cancellation Fees

To avoid cancellation fees please notify our office of any appointment cancellation 48 hours business hours prior to the scheduled appointment. Failure to do so may result in the following fees:

Office Appointment: $75.00
Procedure Appointment: $200.00

Expenses

Once your insurance company has paid, denied, or otherwise processed your claim (i.e. applied to deductible, copay, etc.) payment is due upon receipt of your first statement, unless other payment arrangements are made. We accept credit cards, cash, and checks.

Our practice firmly believes that a good physician/patient relationship is based upon understanding and good communication. Thank you for taking the time to read and understand our financial information for your upcoming procedure. If you have questions about financial arrangements, please speak to our Patient Financial Services staff at 425-977-4620. We will make every effort to clarify any questions you have concerning your account.

Patient Rights and Responsibilities

Patients Rights:

1. The right to quality care and treatment without discrimination as to race, color, religion, sex or national origin.
2. The right to quality care and treatment given with respect, consideration, dignity and without harassment, abuse or discrimination.
3. The right to be treated in a clean and safe environment.
4. The right to protection from abuse and neglect.
5. The right to access protective services.
6. The right to privacy and security of information regarding patient's diagnosis, treatment options, communication, and the potential outcomes of the treatment as well as access to information contained in his/her medical record in compliance with HIPAA.
7. The right to confidentiality, personal privacy and security.
8. The right to access spiritual care.
9. The right to communicate with others. If communication restrictions are necessary for patient care and safety, this will be explained to the patient and any person designated by the patient.
10. The right to safe use of equipment by trained personnel.
11. The right to refuse to participate in research, investigation or clinical trials without hindering access to care.
12. The right to claim against your care and treatment without fear of union contract denial of care.
13. The right to understand the indications for any procedure.
14. The right to receive all the information you need to give informed consent for any procedure including the possible risks and benefits of the procedure.
15. The right to be informed of your intended outcomes.
16. The right to be aware of fees for services and the billing process.
17. The right to approve or refuse the release of your medical records except when required by law.
18. The right to refuse care and treatment, to be told what effect this may have on your health and to be involved in resolving problems with care decisions.
19. The right to participate in all decisions involving your healthcare except when such participation is contraindicated for medical reasons.
20. The right to receive complete information about your diagnosis, planned treatment and prognosis. When it is medically inadvisable to give such information to a patient, the information will be provided to a person designated by the patient or to a legally authorized person.
21. The right to refuse to allow care from a student or trainee.
22. The right to exercise any of these rights and be free from any act of discrimination, reprisal or punitive action.

The right to family input in care decisions, in compliance with existing legal directives of the patient or existing court-issued legal orders

Patient Responsibility and Conduct:

1. The patient is responsible to provide the health care providers with information about any past illnesses, hospitalizations, medications and other medical matters.
2. The patient and/or family are responsible for asking questions when they do not understand instructions or explanations given by the healthcare providers and/or staff.
3. The patient is responsible for keeping appointments as scheduled and to telephone the office in case of a cancellation.
4. The patient is responsible for providing his/her healthcare insurance information, and assuring the financial obligations of his/her care are fulfilled as promptly as possible.
5. The patient is responsible for following healthcare provider's instructions and plans of treatment and the patient is responsible for the consequences of his/her refusal to follow the practitioner's instructions.
6. The patient is responsible for being respectful and considerate to other patients and organizational personnel.
7. The patient is responsible to discuss consequences of leaving against medical advice with their physician.
8. The patient is responsible to communicate any questions, concerns or needs.

These rights and responsibilities outline the basic concepts of service here at Puget Sound Gastroenterology's Surgery Centers. If you believe, at any time, our staff has not met one or more of the statements during your care, please ask to speak to a Manager. We will make every attempt to understand your complaint/concern and resolve it immediately. You will receive a response within 14 days. If the resolution does not meet your satisfaction it will be forwarded to the Grievance Officer who will investigate further and attempt to resolve it to your satisfaction. You will be provided a written notice of the decision within 14 days of the grievance, unless there are extenuating circumstances.

Grievance Officer
19000 17th Ave. W, Suite 210
Lynnwood, WA 98036
425-977-4645

WA State Dept. of Health, Complaint Hotline
Phone: 360-236-4700
Toll Free: 800-633-6828
Fax: 360-236-2626
Mail: WA State Dept. of Health, Health Systems Quality Assurance Complaint Intake PO Box 4787, Olympia, WA 98504-7857
Email: HSAM@cmpsnw.com

Website for the office of the Medicare Beneficiary Ombudsman:

Medicare Help and Support:
1-800-MEDICARE (1-800-633-4227)

To report abuse or neglect of a vulnerable adult or child call local law enforcement at 911 within 48 hours.