Center for Digestive Health & Pain Management 12700 Creekside Lane, Suite 202 (Second Floor) Revised 09/19cg
Ft. Myers, FL 33919 Phone: 239-489-4454 Fax: 239-489-2114

*** If you have traveled to an area with active Ebola Virus Disease or been exposed to a person with Ebola within the past 21 days or if you currently have a cold, flu, or fever, please call 239-489-4454 and ask to speak with a nurse.***

Please complete these 2 forms and bring to the surgery center on the day of, or prior to the procedure day. Completing the forms at home will make the registration process less time consuming. Although you completed paperwork for the physician's office we are a separate legal entity and need you to complete the forms for your medical record at the Center.

We are a fragrance-free facility. Please do not wear perfume, cologne or aftershave on the procedure day.

We attempt to contact each patient prior to the procedure date. If you have not heard from us, call 239-489-4454.

ON THE DAY OF THE PROCEDURE PLEASE BRING TO THE SURGERY CENTER:

1. These 2 completed forms
2. Eyeglasses if needed for reading and hearing aids if needed.
3. Your driver's license
4. Your insurance Cards
5. Your medication list with dosages, both prescription and over the counter; including vitamins and supplements.
6. If you are responsible for a copay / deductible / coinsurance, bring a means of payment with you.
7. Socks to keep your feet warm. If your driver tends to feel the cold, tell them to bring a sweater.

If You Have Medical Questions prior to procedure: Contact the physician's office at:
Dr. O'Mailia: 239-275-3695 **Dr. Weiner**: 239-432-0774 or a nurse at our center : 239-489-4454

If You Have Billing Questions: Several healthcare providers will render care to you, so you will receive bills from several providers following your procedure.

- Center for Digestive Health & Pain Management: 866-516-2676 ext. 113. (Facility fee)
- The fee for the physician performing the procedure: Dr. O'Mailia: 239-275-3695 Dr. Weiner: 239-432-0774
- Anesthesia Associates of Cape Coral: 239-275-3695 ext. 230 (Fee for anesthesia services)
- Laboratory: If biopsies or specimens are obtained during the procedure and you have billing questions call the telephone number on the billing statement sent to you by the lab.

The Area Below Is To Be Completed With The Receptionist At The Surgery Center On The Procedure Day.

Financial Agreement: If you have insurance, we will file the claim. We expect payment of co-pays, co-insurances, and deductibles at the time of service. Please be aware that any initial out of pocket expenses collected on the day of service are only an estimate. After we file with your insurance company, if there is a patient balance due you will be financially responsible for that amount. The undersigned individual guarantees prompt payment of all charges if the insurance carrier rejects the claim and all charges related to the collection of this account should it become necessary to turn over the account to a collection agency.

I have read and understand the above information and fully accept the terms specified. _____ Patient Initials

Assignment of Insurance Benefits: I certify my insurance information is correct and current. I hereby assign benefits to be paid, on my behalf, to the Center for Digestive Health & Pain Management. _____ Patient Initials

I have reviewed the Center's **Notice of Privacy Practices** and the **Patient Rights and Disclosure of Ownership** notice prior to my procedure. I received copies. _____ Patient Initials. I do not require copies. _____Patient Initials.

Date: _____Patient's / Guardian's signature_____

Witness: _____

Thank you for allowing us to participate in your healthcare.