

Transportation Requirement for Endoscopy Center Procedures

You must arrange for a responsible adult driver to be present at all times during your visit at the Endoscopy Center and to drive you home after the procedure.

- The sedation may cause conditions that render driving unsafe. The sedation works like alcohol. It impairs your judgment for several hours. Until your body completely metabolizes the medication and depending on the individual body response, you may not respond as "sharp" as your normal being.
- Since you will be fasting for the procedure, your energy level may be lower on the procedure day. You may be slightly dehydrated from the bowel preparation that you will be taking on the day before the procedure. Your body will need several hours to rebuild its energy level.
- Most patients tend to drop their blood pressure to the borderline of their usual range after they receive sedation. Standing too long may cause dizziness.

Requirements to be followed:

- <u>Do Not Drive</u> or attempt to operate machinery until the following day.
- Have a responsible adult (must be at least 18 years of age) drive you to the Endoscopy Center. They are required to remain on the premises. They are not to leave. Sedated patients will only be discharged in the care of a responsible adult.
- Our pre-procedure staff is required to verify your driver is present at the time of your arrival and prior to the start of your procedure.
- Failure of your responsible "ride" to appear in person will cause an unexpected delay or cancelation of your procedure.
- Transportation such as Cabs, Ubers, or the Asheville Public Bus System is NOT acceptable unless a responsible adult is with you. The driver of these services is not considered the responsible adult.
- If you live within walking distance from the Center, you will be discharged only in the care of a responsible adult and you still need to arrange the ride home. Walking home is not permitted.
- If you have transportation needs, please notify the Endoscopy Center in advance before the procedure. The Center will try to assist you in making alternative transportation arrangements if possible. You will be responsible for the cost incurred from the alternative arrangement.
- It is crucial for your safety as well as the community to abide by these instructions. If you attempt to drive from the premises after sedation, we are obligated to report this to law enforcement. You are considered impaired and this is ground for dismissal from the practice.

	Date:	Time	
(Patient/Guardian Signature)	Date	Time:	
As the responsible adult/rider,	I understand my responsibilitie	s as stated above:	
	Cell Nu	ımber:	



CANCELLATION / NO SHOW POLICY FOR OFFICE VISITS AND ENDOSCOPY PROCEDURES

We understand that you may need to cancel your appointment and/or your procedure due to unavoidable circumstances. As a courtesy to our healthcare professionals and to other patients, please notify us of your cancellation as soon as possible. When you do not call to cancel an appointment or a procedure in a timely fashion, you may be preventing another patient from receiving care...

Cancellation/ "No Show" Policy for Office Visits

Your appointment time is reserved especially for you. Should you find that you are unable to keep your appointment, please notify our office at least 24 full business hours in advance. This will allow us to offer your appointment slot to another patient.

- If you fail to show up for your office visit, a \$50.00 fee* will be charged to your account. The same applies to appointments canceled with less than 24 full business hours' notice*.
 - * This fee is not covered by insurance and must be paid in full prior to rescheduling the missed appointment.
- We understand that extenuating circumstances may cause you to cancel within 24 hours. Fees in this instance
 may be waived subject to management approval.
- Patients who schedule and fail to keep three (3) appointments in the span of one year may be dismissed from the practice for "treatment noncompliance".
- All fees will be required to be paid prior to scheduling another appointment.

Cancellation/ "No Show" Policy for Endoscopy Procedures

Due to the large block of time reserved for your procedure, last minute cancellations can create access-to-care problems, as well as, significant expenses for the office. If you need to cancel your procedure, please notify our office at least 3 full business days in advance.

- If you fail to show up for your procedure, or if procedure is not cancelled at least 3 full business days in advance you will be charged a \$250 fee*.
 - * This fee is not covered by insurance and must be paid in full prior to rescheduling your procedure.
- We understand that extenuating circumstances may cause you to cancel less than 3 days prior to your scheduled procedure. Fees in this instance may be waived subject to management approval.
- Patients who cancel or reschedule the same initial procedure three (3) times may be dismissed from the practice for "treatment noncompliance".
- All fees will be required to be paid prior to scheduling another Endoscopy procedure appointment.
- Our cancellation lines for procedures are (828) 407-4128 or (828) 350-3665

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Sarah Draper, Scheduling Manager at (828) 407-4120	on/ "No Show" Policy for Appointments and Procedure to 6.
Please sign that you have read and understand the C	Cancellation/ "No Show" Policy for Appointments and Procedures.
Patient Name:	Date of Birth:
Patient Signature/Legal Representative:	Today's Date: