

# Center for Health and Cancer Prevention & Virginia Colonoscopy

1301 First Colonial Rd  
Suite 201  
Virginia Beach, VA 23454  
PH: 757-412-4919

DATE OF APPOINTMENT: \_\_\_\_\_ TIME: \_\_\_\_\_

## What is Included in this Packet:

1. Welcome to our Practice Letter
2. Patient Registration Form
3. Medical Records Release
4. Written Disclosure and Cancellation Form
5. List of Insurances we **DO NOT** Participate With
6. Suprep Prep Instructions
7. Suprep Perscription
8. Alternative Prep Instructions (Split Dose: Miralax and Dulcalax)
9. Good Rx Card

Please call us at (757) 412-4919 if you haven't received any of these forms. Please visit our website at <https://www.virginiacolonoscopy.com> for informational videos on what to expect the day of your procedure and preparation advice for your colonoscopy or endoscopy.

**\*\*\*\*Please arrive 30 minutes prior to your appointment with your ID, Insurance Cards, and Completed Paperwork\*\*\*\***

## Important: Please Read

Colonoscopy and endoscopy are very safe procedures. In experienced hands, the overall complication rate is less than 1 in 1,000 (serious complications include but are not limited to: bleeding, perforation (tearing of the bowel wall), and cardiac or respiratory complications). Colonoscopy is therefore about 99.99% safe. Colon cancer on the other hand affects 1 in 19 people in the United States, with a 40% mortality rate in the first 5 years. Colonoscopy has been shown in some studies to reduce the risk of developing colon cancer by over 90%. While there is a very small but definite risk of serious complication during a colonoscopy, it is overshadowed greatly by the risk and complications of colon cancer. Dr. Berger, Dr. Jaklic, and the anesthetist will answer any further questions you may have regarding your procedure prior to the procedure. If you have any immediate questions regarding the risks of the procedure, please be sure to ask our staff.

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& Virginia Colonoscopy  
1301 First Colonial Rd, Suite 201  
Virginia Beach, VA 23454  
Tel: 757-412-4919 Fax: 757-412-4898  
<https://www.virigniacolonoscopy.com>**

**Welcome to our Practice!**

Thank you for choosing Virginia Colonoscopy & Center for Health and Cancer Prevention. We would like to take this opportunity to provide you with some general information about our practice.

**Medical service provision:** Dr. Keith Berger or Dr. Beth Jaklic will be performing your procedure. Dr. Berger is a board-certified gastroenterologist with over 30 years of experience in clinical practice. Dr. Jaklic is a board-certified Colon and Rectal Surgeon with over 19 years of experience in clinical practice. Our office is dedicated exclusively to screening and prevention of colorectal and gastrointestinal cancers. We are committed to providing high quality, cost effective, safe and accessible service aimed at reducing or preventing GI cancer risk. Because of our specialized expertise, all general patient management issues will be handled through your primary care physician. Dr. Berger and Dr. Jaklic do not actively treat patients, manage hospital admissions, or otherwise manage care beyond providing diagnostic consultation and performing diagnostic services such as colonoscopy and endoscopy.

**Change in Medical History:** We are committed to providing you with safe, high-quality care. If your medical history- such as a new diagnosis, a change in medication regimen or a recent hospitalization has changed since the time you first scheduled your procedure, please notify us prior to your appointment so we can update your records.

**Patient Rights and Responsibilities:** As our patient you have rights and responsibilities. This policy is available to you upon request from our office staff at any time before, during or after your visit. It is also available for review in our front lobby area.

**Appointment details:** Please bring your driver license and insurance card with you at the time of service. You can expect to be in our office for approximately 1 ½ to 2 hours. We strive to run on schedule. However, because we are committed to providing each patient with the individual attention he or she requires, on occasion we may run into circumstances beyond our control. We ask for your patience and will keep you informed if a delay occurs. If your procedure involves sedation, be sure that you arrange a family member or friend to drive you home. Once you arrive home, you should plan on resting quietly for the remainder of the day.

**Appointment preparation:** If you are having a colonoscopy you will be drinking an oral preparation solution to cleanse your system. This solution works differently on each patient therefore it may take minutes or hours to take effect. Please make sure you have quick access to a bathroom at all times after taking the prep solution.

The success of your colonoscopy is highly dependent upon careful pre-procedure preparation. Please be sure to refer to the patient instructions for detailed instructions.

**Your privacy:** We understand that medical information about you and your health is personal. We are committed to protecting your medical information. We create a record of the care and services you receive in order to document your care and reference by you and your primary care physician as well as to comply with certain legal requirements. Protection of your medical information applies to all records of your care generated by this office, whether made by office personnel or the physician. You may request a copy of our full confidentiality statement for your review.

**Still have questions?:** We are always happy to provide answers and alleviate any of your concerns. We are available Monday-Thursday 8:00 AM to 3:00 PM and Friday 9:00 AM to 12:00 PM to answer any questions you may have about your upcoming appointment. Please do not hesitate to call us- our goal is to ensure that your experience with our practice is as stress- free as possible!

**Please note:** We are required by law to notify you that this facility **does not** honor Advanced Directives with regards to Do Not Resuscitate clauses.

# VIRGINIA COLONOSCOPY & CENTER FOR HEALTH AND CANCER PREVENTION

## Patient Registration

Patient Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ M.I. \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Sex: Male / Female

Email: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Ethnicity: Hispanic or Latino / Not Hispanic or Latino Marital Status: Single / Married / Widowed / Divorced

Race: Asian/ Black or African American/ White Primary Language: \_\_\_\_\_

Rate your overall health on a scale of 1-10 (with 10 being the best) \_\_\_\_\_

What do you find most stressful? \_\_\_\_\_

Any other health concerns not covered above? \_\_\_\_\_

Any specific health goals you have? \_\_\_\_\_

Any other questions or concerns you have? \_\_\_\_\_

What are your hobbies/interests? \_\_\_\_\_

Did you have any difficulties in making your appointment? \_\_\_\_\_

Y  N Have you tried losing weight?  Y  N Are you interested in losing weight?

Y  N Have you succeeded?  Y  N Are you interested in developing a  
Amt. Lost: \_\_\_\_\_ lbs health program?

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone # \_\_\_\_\_

Employer Address \_\_\_\_\_

Spouse \_\_\_\_\_ Birthdate \_\_\_\_\_ Phone # \_\_\_\_\_

Spouse Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact / Relation: \_\_\_\_\_ Phone# \_\_\_\_\_

We will file your insurance; however, **you are responsible for deductibles, co-payments and non-covered services including lab diagnostic fees. We send lab specimens to either Dominion Pathology or LabCorp. Please let us know if you have a preferred lab for us to send your samples to.**

\*\*\*\*\* Please contact your insurance company to verify coverage information.\*\*\*\*\*

Primary Insurance \_\_\_\_\_ Policy# \_\_\_\_\_

Subscriber Name \_\_\_\_\_ Group# or Name \_\_\_\_\_

Relationship to Subscriber: Self / Spouse / Child / Other \_\_\_\_\_

Secondary Insurance \_\_\_\_\_ Policy# \_\_\_\_\_

Subscriber Name \_\_\_\_\_ Group# or Name \_\_\_\_\_

Relationship to Subscriber: Self / Spouse / Child / Other \_\_\_\_\_

I request payment of authorized health insurance benefits be made to me or on my behalf to the providers at Virginia Colonoscopy and CENTER FOR HEALTH & CANCER PREVENTION for services rendered to me. In the event of default, I agree to pay the balance and all costs of collection, including attorney's fees in the amount of 33.5% of the total amount due when turned over to collections. Insurance authorization and assignment of benefits is effective until revoked. **If health care workers expose themselves to my body fluids, I agree to have my blood tested for any infectious disease, which might be transmitted.**



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## WRITTEN DISCLOSURE FORM

Virginia law requires that we disclose to you our investment interest in the entity to which you are being referred for medical treatment. Keith E. Berger, M.D. and Beth Jaklic, M.D. have an investment interest in Virginia Colonoscopy & Center for Health and Cancer Prevention, PC, a Virginia limited liability company (the "Company") with its principal place of business located at 1301 First Colonial Rd, Virginia Beach, VA. The Company wholly owns Virginia Colonoscopy & Center for Health and Cancer Prevention (the "Surgery Center") located at 1301 First Colonial Rd.

You have the right to obtain the items or services for which you have been referred from the Surgery Center or from the provider or supplier of your choice.

We have provided for you below the names and addresses of two alternative sources of health care items or services available to you.

Gastroenterology, Ltd.

1101 First Colonial Rd VA., Beach 23454

Gastroenterology Consultants, Ltd.

1020 Independence Blvd, VA. Beach 23452

To acknowledge your receipt of this written disclosure form, we request that you please sign this letter on the space provided below so that we may have an accurate record that you have been informed pursuant to Virginia law of our investment interest in the Surgery Center to which you are being referred.

Our practice uses SureScripts, Inc., a prescription system that allows prescriptions and related information to be exchanged between my providers and the pharmacy. The information sent between these systems may include details of any and all prescription drugs I am currently taking and/or have taken in the past. Please contact the office manager if you would like to opt out of the SureScripts prescription system.

Our practice has a policy on patient rights and responsibilities and privacy rights. You may request a copy of these policies at any time from our front office staff.

## CANCELLATION AGREEMENT

Please note that, based on your reserving a date and time for your procedure, we will reserve office time, support staff and a nurse anesthetist for your procedure. Due to the nature of the procedure and the necessary prep time, it is difficult or impossible to reassign your appointment time if you choose to cancel. Virginia Colonoscopy & CHCP reserves the right to charge a **\$100 cancellation fee if a procedure is cancelled less than 5 business days** prior to the date of your procedure.

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[Patient's Signature and Date]

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## Attention Patients

We **DO NOT PARTICIPATE** with the following insurances listed below. If you come in for the procedure and you have one of these insurances we will **NOT BE ABLE TO SEE YOU** or **YOU WILL HAVE TO PAY FOR THE SERVICE** as a self pay patient. The cost is \$ 775.00

Please make sure to check your insurance card and **call us PRIOR to your appointment** at 757-4124919 if you have any questions or concerns.

Thank you,

Virginia Colonoscopy & Center for Health and Cancer Prevention

### We do not participate with these plans:

Anthem Healthkeepers PLUS  
Cigna  
Humana GOLD HMO  
Medicaid  
Tricare Prime  
UnitedHealthCare HMO/CCC  
AARP MEDICARE COMPLETE  
Aetna Better Health

**Patient Signature/ Date**

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