



INTRODUCTION

Welcome to Montgomery Colorectal Surgery. Thank you for coming to our office and for trusting us with your care. Our practice is dedicated to caring for people with colorectal illnesses. We seek to match therapy to individual needs. Whenever possible we pursue the least invasive therapy with the lowest risk. We recommend medical management over surgery when appropriate, and offer laparoscopic surgery when possible.

WHO WE ARE

Montgomery Colorectal Surgery presently consists of Dr Joshua A. Katz, MD, and Ms. Etoile Matthews.

LOCATION

Our practice is located at 9715 Medical Center Dr., Suite 233, Rockville, MD 20850.

OFFICE HOURS

Office hours are by appointment and can be made by phone at 240-403-0415.

HOSPITALS SERVED

Dr Joshua Katz sees patients at Shady Grove Adventist Hospital in Rockville and Suburban Hospital in Bethesda.

SERVICES

Montgomery Colorectal Surgery seeks to treat patients with colorectal illness. These illnesses include Colon and Rectal Cancer, Diverticular disease, Inflammatory Bowel Disease (Ulcerative Colitis and Crohn's Disease), Anorectal Diseases (Fissure, Fistula, hemorrhoids, abscess) and Functional Colorectal Disorders, such as Fecal Incontinence, Constipation, and Prolapse.

Information on these various conditions, their diagnosis, and treatment, may be obtained in our office and from our website, www.mcrrllc.com. Our services include

- Office consultation, physical examination
- Medical management
- Colonoscopy
- Anorectal Physiologic Testing
- Pelvic Floor Retraining
- Anorectal Surgery
- Laparoscopic and Open Colorectal Surgery



INFORMATION AND RECOMMENDATIONS

To facilitate your care and visit please note the following recommendations and procedures. Please take two fleets enemas before arriving for your visit. Please use the bathroom before entering the exam room. This will facilitate a complete anorectal examination.

Please bring your insurance information and referrals for consultation where required by your insurance company. This information should be faxed to our office before your visit whenever possible.

PAPERWORK

Please complete and sign the forms listed below.

1. HIPAA consent form.
2. Personal Information Form
3. Medical History form
4. Review of Systems
5. Name, Address and Telephone Number of your medical doctor and the doctor who referred you to us.
6. Name, telephone and fax number of your pharmacy.

Please fill out the paperwork upon your arrival. For your convenience these forms are available on our website, www.mcrrllc.com. We encourage you to please complete these forms prior to your office visit and fax them to our office 240-403-0417.

OFFICE VISITS AND EXAMINATION

An office visit consists of a history, physical examination, and an assessment of findings and discussion of recommendations. An appropriate history will be taken. You can expedite this by completing the patient history form in advance of your visit. Dr Katz will then perform a physical examination. This will include an anorectal examination. During this examination you will be asked to remove or lower the clothing over your lower body. You will be covered with a sheet and asked to kneel over an examination table. Alternatively you may wish to lie on your left side and raise your knees to your chest. The examination consists of inspection of the anal area, a digital rectal examination and anoscopy. Most patients find this examination uncomfortable but tolerable. If at any point you experience pain, please tell the doctor immediately.

DISROBING

Removing one's clothing may make one embarrassed or feel vulnerable. We therefore try to limit the need to disrobe to only the parts of the body being examined. However, some patients prefer to disrobe in private before the examination.

Please advise us if you wish to disrobe in private before the examination. You may also wish to remain clothed during the history part and simply remove the appropriate clothing items when you are being examined.



LATENESS AND CANCELLATION POLICY

We understand that schedules change, both for you and for us. We strive to keep to our schedule and to see patients as scheduled. On occasion circumstances may result in unavoidable delays from the time at which patients are scheduled to be seen. On other occasions, a medical emergency may require Dr Katz to cancel office hours. We hope you will understand that these delays result from the nature of our medical practice. As soon as these delays become apparent we will inform you and offer you the chance to reschedule. If you wish to wait, Dr Katz will see you when he becomes available.

COMMUNICATION

Phone Calls

During business hours, Ms. Matthews will answer and manage phone calls.

Dr Katz is available after business hours for emergencies only by telephone call using an automated service called PerfectServe. Patients with urgent medical problem that cannot wait should call the main office number 240-403-0415 and will be connected to the answering service. Please be sure to key in your phone number when prompted by the service so Dr Katz can call you back. You should also leave a recorded voice message during which you may state your phone number as well.

Postoperative care and management issues will be addressed when possible over the phone. In general, routine, nonemergent medical information and counseling will not be given over the phone and will require an office visit.

Telephone Consultations

In selected instances that preclude an office visit, patients may request telephone consultations, generally to review test results, or to discuss treatment options for a patient who has already been evaluated by Dr Katz. Because health insurance does not cover telephone consultations, patients will need to pay for these services at a rate of \$200.00 per hour, and is subject to Dr. Katz's discretion.

Email

Patients who wish to may use email to communicate with Dr Katz and Ms Matthews regarding routine matters. Email is NEVER to be use for emergencies or for urgent medical matters. Furthermore, use of email carries risks of release of protected health information for which Montgomery Colorectal Surgery cannot and will not be responsible. Therefore patients wishing to use email must read and sign a consent form to do so.

Insurance and Disability Forms

Periodically patients will need to have various forms completed by a physician regarding insurance, disability and return to work. These forms vary in complexity and in the time necessary to complete them. An administrative fee \$50 may be charged at the physicians discretion to complete this paperwork.



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Fax 240-403-0417

email: jakatz @ mcrrllc.com

MISSED APPOINTMENTS AND MISSED PROCEDURES POLICY

If you need to change or cancel an appointment, please do so within twenty four (24) hours of your scheduled visit. Patients who do not do this will be charged \$25.00 to be paid before their next visit. Patients who miss three consecutive appointments without notice will be asked to seek care elsewhere.

Patients who need reschedule surgery or colonoscopy must do so within two business days. Failure to show up for a procedure without notice will result in a charge of \$200.00, to be paid prior to any subsequent visit.

Acknowledgement

I have read the practice policies and instructions of Montgomery Colorectal Surgery LLC. My questions have been answered and I agree to abide by these guidelines.

Signature and Date.

Print First and Last Name.

Witnessed