ONE (1) WEEK BEFORE YOUR COLONOSCOPY:

- Stop any iron you are taking, this includes multivitamins with iron.
- Start following the Low Fiber/Low Residue diet provided by your doctor.
- PICK UP YOUR PREP KIT at least one week prior to ensure that they have it in stock.
- If you take a blood thinner (such as Coumadin or Plavix), please be sure the office is aware.
- If you have a pacemaker or defibrillator, please be sure the office is aware.
- If you are a diabetic patient please call the doctor that manages your diabetes and let them know you will be prepping for a colonoscopy. They will advise you on instructions for adjusting your medications during your prep.
- YOU MUST FOLLOW OUR INSTRUCTIONS. Do not follow the instructions in the prep box.
- You can take all necessary medications the morning of your colonoscopy with a sip of water except for diuretics (water pills), such as Lasix, hydrochlorothiazide, or any medication ending in HCT.
- Call to speak with a nurse if you develop a fever, upper respiratory illness or pneumonia.
- Before leaving for your appointment, call to speak with a nurse if you are not running clear stools.
- Make sure you have someone to drive you home. You will not be able to drive or return to work the day of your procedure.
- You need to be on a CLEAR LIQUID DIET THE ENTIRE DAY BEFORE your colonoscopy.
- See the list of recommended liquids included in our instructions.
- 4 HOURS PRIOR TO YOUR ARRIVAL TIME, NOTHING MORE BY MOUTH UNTIL AFTER YOUR PROCEDURE IS DONE. Example: If arrival time is 10:00am, you would stop everything at 6:00am.

CLEAR LIQUIDS ONLY THE DAY BEFORE YOUR COLONOSCOPY

From the moment you wake up the day before your appointment, you are to have clear liquids ONLY. You can have these clear liquids up until 4 hours prior to your arrival time, after that you are to have nothing by mouth until after your procedure is done.

Clear liquids are liquids you can see light through such as: water, ginger-ale clear fruit juices: like apple, white cranberry, white grape juice, beef or chicken bouillon, soda, tea (no milk), Gatorade, Kool-Aid, popsicles, and, Jell-O (no red colors or dyes)

- Avoid coffee.
- Do not drink anything that has RED DYE (no red dyes)
- Do not eat solid foods
- Do not add fruit to Jell-O
- Do not drink milk or milk products or artificial creamer
- Do not drink any beer or alcoholic beverages
Find your specific prep instructions below

NOTE: Do not sip your prep, drinking each glass as rapidly as possible is better tolerated. Using a straw toward the back of your mouth, or sucking on hard candy between glasses is sometimes helpful. If you become sick to your stomach while drinking your prep, STOP until the nausea passes. Then resume at the rate specified.

SUPREP:
5:00pm the day prior to your appointment: pour (1) 6oz. bottle into the supplied mixing cup. Add cold water to the red fill line. Drink the entire cup. Follow with 2 full cups of water within the next hour. Continue drinking clear liquids for the rest of the evening to prevent dehydration and headache. Five (5) hours prior to arrival time: repeat above steps with second bottle provided. Stop all liquids 4 hours prior to your arrival time. Do not add flavor. Mix only with water.

PREPOPIK:
5:00pm the day prior to your appointment: fill the dosing cup provided to the lower (5oz) line in the cup, add the contents of one packet and stir for 2-3 minutes until dissolved. Drink the entire cup. Over the next couple hours drink five (5) eight ounce drinks of clear liquid. Six (6) hours prior to arrival time: repeat the above steps. Stop all liquids 4 hours prior to your arrival time.

HALFLYTLEY:
12:00-2:00pm the day prior: take the (1) bisacodyl tablet provided. Fill the 2 liter container provided with lukewarm water and dissolve all powder. Flavor packets or powdered drink mix can be added at this time (NO RED). Refrigerate the mixture. 5:00-6:00pm the day prior: begin drinking the solution at the rate of 8oz every 10-15 minutes until you have consumed half of the solution (1 liter). Refrigerate the remaining second half. Continue drinking clear liquids throughout the evening to prevent dehydration and headache. Six (6) hours prior to your arrival time: drink second half of prep at the rate of 8oz every 10-15 minutes. Stop all liquids 4 hours prior to your arrival time.

MOVIPREP:
The morning prior to procedure: mix first half of the prep with lukewarm water. Flavor packets or powdered drink mix can be added at this time (NO RED). Refrigerate the mixture. 5:00-6:00pm: begin drinking the solution at the rate of 8oz every 10-15 minutes until gone. Mix second half and refrigerate. Continue drinking clear liquids for the rest of the evening to prevent dehydration and headache. Six (6) hours prior to arrival time: drink second half of the prep. Stop all liquids 4 hours prior to your arrival time.

GoLYTELY, TriLYTELY, NuLYTELY or any 128oz Generic prep:
The morning prior to procedure: fill container provided with lukewarm water to the fill line, dissolve all powder. Flavor packets can be added at this time if desired (NO RED). Refrigerate the mixture. 6:00pm: begin drinking the solution at the rate of 8oz every 10-15 minutes until you have consumed half of the container or 64oz. Continue drinking clear liquids for the rest of the evening to prevent dehydration and headache. Refrigerate remaining prep. Six (6) hours prior to arrival time: finish the second half of the prep mixture at the rate of 8 oz. every 10 -15 minutes until gone. Stop all liquids 4 hours prior to your arrival time.

DULCOLAX AND MIRALAX
The morning prior to your procedure: Dissolve a 255 gram bottle of Miralax in 64oz of Gatorade (NO RED) and refrigerate. 2:00pm take four (4) Dulcolax tabs. Do not chew or crush these tabs. 6:00pm drink half (32oz) of the solution within an hours time. Continue drinking clear liquids thru out the evening to prevent dehydration and headache. 6 hours prior to your arrival time: consume the remaining 32oz of solution within one hour. Remember to stop all liquids 4 hours prior to your arrival time.
**LOW FIBER/LOW RESIDUE DIET**
*(to be followed 7 days prior to your procedure)*

The diet includes foods that will reduce (not eliminate) the residue in the colon. It is smooth in texture and is mechanically and chemically nonirritating. Food tolerance varies greatly and patients should be encouraged to eat the most liberal diet possible and include adequate fluids. Foods as noted in recommend amounts will be adequate in nutrients with the exception of calcium.

<table>
<thead>
<tr>
<th>Food Classification</th>
<th>Suggested Daily Servings</th>
<th>Recommended choices</th>
<th>Limit or Avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milk and milk products</td>
<td>Limit to 2 servings</td>
<td>All Milk (fresh, dried or evaporated) and milk drinks; yogurt. If you don’t tolerate milk to drink, use in cooking or boil before serving.</td>
<td>Yogurt, if flavored with fruit containing small seeds. Milk, yogurt, or foods made with milk in excess of 2 cups.</td>
</tr>
<tr>
<td>Meats and protein alternatives</td>
<td>2 servings (2-3 oz portions) 4-6 ounces total</td>
<td>Ground or well-cooked meat, cottage cheese, mild natural or process cheese, eggs, smooth peanut butter if tolerated.</td>
<td>Unless tolerated: spicy meat, fish, poultry, strongly flavored cheeses, cooked dried beans and legumes, chunky peanut butter.</td>
</tr>
<tr>
<td>Vegetables</td>
<td>1-4 cups (4-6 servings)</td>
<td>All vegetable juices, most well cooked or canned vegetables without seeds, except those on avoid list. Lettuce if tolerated.</td>
<td>Corn, peas, spinach, artichoke, sauerkraut, tomatoes, broccoli, Brussels sprouts, cabbage, onions, cucumbers.</td>
</tr>
<tr>
<td>Fruits</td>
<td>1-2 cups (2-4 servings)</td>
<td>Ripe bananas most cooked or canned fruits. Juice containing no pulp.</td>
<td>Prune juice, any juice with pulp, most fresh fruits, berries, and other fruits with seeds, dried fruits including raisins.</td>
</tr>
<tr>
<td>Grains and grain products</td>
<td>3-10</td>
<td>Use enriched white, wheat, rye breads without seeds, cornbread, biscuits, muffins, pancakes, waffles, plain sweet roll, graham crackers made with refined flour, saltines, Rusk, zwieback, melba toast, enriched cooked refined cereals, like farina, Cream of Wheat, cornmeal, Malt-O-Meal, strained oatmeal, dry cereals, such as puffed rice, rice flakes, corn flakes, spaghetti, macaroni, noodles, or white rice.</td>
<td>Bread, crackers, or cereals containing whole grains, bran, dried fruits, nuts, or seeds, brown or wild rice.</td>
</tr>
<tr>
<td>Nuts, seeds, and beans</td>
<td></td>
<td></td>
<td>All varieties of nuts, seeds and beans.</td>
</tr>
<tr>
<td>Fats and Oils</td>
<td>Use sparingly not generously 2-3 times a day</td>
<td>Salad oils, fortified margarine, butter, cream, mayonnaise, mildly seasoned salad dressings, crisp bacon, plain gravies.</td>
<td>Spicy salad dressings, olives, high-fat gravies and sauces.</td>
</tr>
<tr>
<td>Sweets</td>
<td>1 or &lt;1 per day</td>
<td>All sweets and desserts in limited portions and amounts.</td>
<td>Limit high fat choices.</td>
</tr>
<tr>
<td>Fluids</td>
<td>6-8 cups</td>
<td>Water and other fluids, such as coffee, tea, fruit juice, vegetable juice, carbonated beverages, lemonade, or soups.</td>
<td>Prune juice or any other juices with pulp. Soups made with non-allowed vegetables or other ingredients.</td>
</tr>
<tr>
<td>Others</td>
<td>As desired</td>
<td>Salt, pepper, ketchup, mustard, spices and herbs, vinegar.</td>
<td>Coconut, popcorn, pickles and relish with seeds.</td>
</tr>
</tbody>
</table>
Before your Procedure

There are a few things that we ask all patients to do prior to coming in for their endoscopic procedure:

- Please follow all instructions given to you by your physician about eating, drinking and medications before your procedure. **FOLLOW OUR INSTRUCTIONS, NOT WHAT COMES IN THE PREP BOX.**
- If you are taking any medications, or if you are allergic to any medications, please bring a list of them with you when you come for your procedure.
- If you take any blood thinners and have not been instructed regarding usage prior to your procedure, please contact your physician as soon as possible.
- Notify your physician if there have been any changes in your physical condition since your last appointment was scheduled or since you last saw your physician.
- Please do not arrive prior to 6:45 am

Your procedure:
The anticipated total time for your stay, from registration to departure is approximately 2-3 hours.

After the procedure, your recovery time will be around 30 minutes. There may be an unforeseen delay prior to your procedure.

Upon arrival, after registering, a nurse will review your medical history and the procedure with you. You will then be brought to a stretcher, where you will undress and obtain an IV line.

At any time during the process, please do not hesitate to ask any questions regarding your concerns. It is important to us that you know exactly what is involved and that you feel comfortable.

After the Procedure:
After the procedure the physician will talk to you about your procedure. If there is not anyone with you, you may not remember the conversation. Please do not hesitate to ask your nurse to speak with your physician again or you may call the office at 234-6677.

If your physician took biopsies during the procedure, the results will be available within 2 weeks. If you do not receive a letter regarding your results after this time please call the office at 234-6677.

You must have a licensed driver with you to provide your transportation home, as you are not allowed to drive until the day after your procedure. Following the procedure, we recommend that you have someone at home with you. Your ride may leave a cell number if they are not staying for the procedure and the nurses will call when your procedure is complete.

Hearing impaired or translator:
If you require a sign language interpreter or a foreign language translator, please let us know in advance. Please note: Family members *can not* be your translator for your procedure.

Appointments:
Please be considerate of other patients and your physician by calling our office as soon as possible if you cannot keep your appointment. We understand that circumstances beyond your control may arise, exceptions will be made in the event of inclement weather or real emergencies.

*Your cooperation is greatly appreciated.*
Every health plan is different. While we make every effort to obtain referrals from primary care physicians and authorizations for outpatient procedures, it is also important for you to be familiar with your health care coverage. We cannot be held responsible for unpaid services due to lack of referral or prior authorization.

We strongly encourage you to check your coverage by calling your insurance company directly before any procedure is performed to verify if and how your appointment will be covered. ALL NON-COVERED SERVICES WILL BE THE PATIENT’S RESPONSIBILITY.

1. Call the customer service representative for your insurance company. The telephone number should be listed on the back of your insurance card or in your benefits manual.

2. Tell the customer service representative that you are calling to check on your coverage for your colonoscopy which will be done at Community Memorial Hospital. All of our services are done on an outpatient basis. There are three different scenarios possible - a screening colonoscopy, a surveillance colonoscopy, or a diagnostic colonoscopy. Please understand that your benefits vary depending on your scenario. If a biopsy is done or a polyp is removed, your screening colonoscopy then becomes a diagnostic colonoscopy, the CPT code 45378 changes (e.g. 45380 or 45385), and your insurance may process the claim differently.

3. You will receive a bill from Community Memorial Hospital. Their tax ID is 150548010.

4. You will receive a bill from Syracuse Gastroenterological Associates for the professional fee under their tax ID number 160989507.

5. You will receive a separate bill for anesthesia from CNY Anesthesia Group. Some insurance companies have been changing their policies regarding Monitored Anesthesia Care (MAC). Please verify with your insurance that MAC is a covered benefit for you. **You DO NOT need to call on Medicare or AARP insurances.

6. You will receive a separate bill from pathology if a biopsy is done. Centrex is the company that bills for pathology and their tax id is 160965561.

7. Your insurance company may require an authorization for your procedure. Upon contacting your insurance company if you learn that an authorization is required, please ask the representative to check that one has been obtained; if not please contact our office immediately so that we can call your insurance.

8. Be sure to ask your insurance company about “out-of-pocket” expenses, including copays, coinsurance, or any deductible (if not yet met). This will ensure you are fully informed of the possible costs you will incur prior to your procedure.

9. If you have any questions regarding procedure codes, the charge amounts of the procedure listed above, or diagnosis codes, please contact our billing office at (315) 234-6677

<table>
<thead>
<tr>
<th>Screening Colonoscopy</th>
<th>Screening Colonoscopy</th>
<th>Surveillance Colonoscopy</th>
<th>Diagnostic Colonoscopy</th>
<th>Upper Endoscopy</th>
</tr>
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<tbody>
<tr>
<td>“Average Risk”</td>
<td>“High Risk”</td>
<td>“High Risk”</td>
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<td>CPT 43235</td>
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<td>due to age alone, no</td>
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<td>CPT 45378</td>
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<td>Family history</td>
<td>Personal history</td>
<td>symptoms)</td>
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<tr>
<td>history</td>
<td>diagnosis code:</td>
<td>diagnosis code:</td>
<td></td>
<td></td>
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<tr>
<td>CPT 45378</td>
<td>V18.51 Family hx</td>
<td>V12.72 hx colon polyps</td>
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<td>Diagnosis code:</td>
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<td>V10.05 hx colon cancer</td>
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<td>V76.51</td>
<td>V16.0 Family hx GI</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>cancer</td>
<td></td>
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</tbody>
</table>

Monitored Anesthesia Care (MAC) is provided and billed by CNY Anesthesia Group. Please let our office know if MAC is not a covered benefit and we can arrange to use something else for your procedure.

CPT codes for MAC:
- 00810 - during colonoscopy
- 00740 - during upper endoscopy
- 00810 - during a double procedure (Colon and Pan)
CNY ANESTHESIA GROUP, P.C.
BILLING AND INSURANCE POLICIES

Your anesthesiologists and anesthetists are employed by CNY Anesthesia Group, P.C., a professional service corporation engaged in the private practice of anesthesiology.

YOU WILL RECEIVE A SEPARATE BILL FROM CNY ANESTHESIA GROUP, P.C., FOR ANESTHESIA SERVICES PROVIDED TO YOU.

PARTICIPATING INSURANCES

Even though we may participate with your insurance company, you may still be responsible for a portion of the bill depending on the quality of your policy. Participating with an insurance simply means that, in most cases, the physician and insurance company have an agreement for payment. We only participate with:

Aetna
Crouse PPO/PHO
   Today's Options
   Great West
Wellcare
Empire Plan
Excellus (BCBS)
Fidelis
GHI

HealthNow
MVP
Medicaid
Medicare
PHCS/Multiplan
POMCO
RMSCO
United Healthcare
Total Care

If your insurance is not listed, please call our billing office (449-0513) for further clarification.

NON PARTICIPATING INSURANCES

All other insurances are billed out by our office as a courtesy to our patients. However, they are billed out as a non participating provider. This means that any payment made by your insurance will be applied to your account and you will be billed for the balance.

If you receive a statement from our billing office and you have insurance, please call us at 449-0513 to ensure that we have your correct information.

HOW YOUR ANESTHESIA BILL IS CALCULATED

Our fee is based on many factors. These include (1) the difficulty or complexity of your anesthesia, (2) the length of time of your operation and anesthesia, (3) your physical condition, age and other factors which may influence risk and complexity, (4) whether the anesthesia was needed in an emergency, and (5) any special or unusual monitoring techniques that have to be used during your surgery and anesthesia.

We utilize the Relative Value Guide of the American Society of Anesthesiologists which assigns a number of units or points based on the factors enumerated. The total number of units is added up and this is multiplied by the dollars per unit we currently charge. This system is widely used throughout the U.S. and we find it to be the fairest and most useful system.

We will gladly provide you with an estimate of our fee for any procedure. If you have any questions regarding the billing of your anesthesia services, please call our office at 449-0513.

05/12 (revised)
Please report to:

COMMUNITY MEMORIAL
150 BROAD STREET
HAMILTON, NY 13346

From Route 20 Eastbound:
Make a slight RIGHT onto NY-46, 3 miles east of Morrisville
NY-46 becomes NY-12B
Follow 12B through Hamilton
Community Memorial Hospital is on the right side of the road

From Route 20 Westbound:
Turn LEFT onto NY-26 just west of Madison.
Turn LEFT onto NY-46
NY-46 becomes NY-12B
Follow 12B through Hamilton
Community Memorial Hospital is on the right side of the road

Regardless of what your health insurance plan covers, Syracuse Gastroenterological Associates, PC, supports the American Cancer Society, AGA, ACG, and CDC Colon Cancer guidelines which recommend a screening colonoscopy for all patients 50 years or older regardless of symptoms. Please speak with your healthcare provider with any questions.