



SYRACUSE ENDOSCOPY ASSOCIATES, LLC

5000 CAMPUSWOOD DRIVE #100, EAST SYRACUSE, NY 13057

WWW.SYRACUSEGASTRO.COM

(315) 234-6677

ENDOSCOPY PROCEDURES: WHAT YOU NEED TO KNOW

Visit our website! www.syracusegastro.com

COLONOSCOPY CATEGORIES

- **Diagnostic / Therapeutic Colonoscopy** - Patient has gastrointestinal symptoms, colon polyps or gastrointestinal disease requiring evaluation or treatment by colonoscopy.
- **Surveillance / High Risk Colonoscopy** - Patient has no gastrointestinal symptoms and has a personal history of gastrointestinal disease (such as diverticulitis, Crohn's disease or ulcerative colitis) a personal or family history of colon polyps and/or cancer.
- **Colonoscopy Screening** - Patient is asymptomatic (no present gastrointestinal symptoms), is 45 years old or older and has no personal hx of gastrointestinal disease, colon polyps and/or cancer. Patients in this category have not undergone a colonoscopy within the last 10 years.

Please note that these are not the final diagnosis codes. Final diagnosis codes cannot be determined until after your procedure occurs.

COLONOSCOPY CPT CODE 45378 DIAGNOSIS CODE(S) _____

UPPER ENDOSCOPY CPT CODE 43235 DIAGNOSIS CODE(S) _____

See the next page for more information about billing and insurance coverage

NO SHOW / CANCELLATION POLICY

Patients who cancel or reschedule without **3 business days prior notice** or who fail to show up for their scheduled appointment may be charged a \$150.00 fee. Please be aware that multiple no shows, cancels and/or reschedules may result in discharge from our practice.

BEFORE YOUR PROCEDURE

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

- **YOU MUST FOLLOW OUR PREP INSTRUCTIONS**, the instructions we gave you about eating, drinking and medications before your procedure.
- Check your benefits, eligibility and coverage with your insurance company(s), see the billing guide on the next page.
- **You will receive a phone call one week prior from the endoscopy unit, YOU MUST SPEAK WITH THEM OR YOUR PROCEDURE MAY BE CANCELLED.**
- Please bring a current medication, allergy list, picture ID and your insurance cards to your appointment.
- 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.
- **Please call the office if you have any new symptoms, diagnoses, medications, surgeries, or hospitalizations.**
- **If you have an insurance change you must let us know at least 2 weeks before your appointment. If you come to your appointment with a new insurance plan that requires referrals and/or authorizations your procedure may have to be rescheduled as it takes time to obtain those.**
- Please fill out the required paperwork you received and bring it with you.
- Arrive 45 minutes prior to your procedure time. Please do not arrive prior to 6:45 am
- Due to limited space please only have one person accompany you.
- We do ask that drivers remain on premises during your procedure.
- **If your appointment is 2:00 or later, your ride must stay and wait for you while you have your procedure.**

For your upcoming endoscopy procedure at Syracuse Endoscopy Associates, LLC

Although your primary care provider may refer you for a “screening” colonoscopy, you may not get billed for the “preventative colonoscopy screening” category. Example, if a biopsy is done or a polyp is removed, your screening colonoscopy then becomes a diagnostic colonoscopy and your insurance may process the claim differently. **We recommend checking your benefits for each scenario.**

Due to increasing number of individual insurance plans and policies, we strongly encourage all patients to call their insurance company before ANY procedure, testing, and/or appointment to verify their coverage.

You may receive a bill from all or some of the following companies:

Call the customer service number on your insurance card. Document your phone call for your records. You should check you coverage for every company listed below.

**❶ Syracuse Endoscopy Associates, LLC
(an ambulatory surgical facility)**

TAX ID number 134239064 / NPI number 1073587416
5000 Campuswood Dr, Suite 100, East Syracuse, NY 13057
Billing questions call MMRI at 315-362-5261
Website: www.syracusegastro.com

**❷ Pathology/Cytology specimens:
(bills the technical charge for any Pathology and Cytology)**

Procedures until March 15th, 2026:

Specimens are sent to: Laboratory Alliance
Billing questions call 315-883-4882

Procedures on or after March 16th, 2026:

Specimens will be sent to: LabCorp
Tax ID number 133757370
Corporate offices: 531 S Spring St
Burlington, NC 27215
Billing questions call 800-845-6167

**❸ Syracuse Gastroenterological Associates, P.C.
(bills the professional doctors fee
-AND- the pathologists fee for interpreting any specimens)**

TAX ID number 160989507 / NPI number 1619947843
5000 Campuswood Dr, Suite 200, East Syracuse, NY 13057
(previously: 739 Irving Ave, Syracuse, NY 13210)
Billing questions call MMRI at 315-362-5261
Website: www.syracusegastro.com

❹ Anesthesiologist

NPI number 1417326661 (SGA Anesthesia)
Billing questions call 315-552-6489

The type of anesthesia for your procedure:

Monitored Anesthesia Care (MAC)

Upper endoscopy	billing code 00731
Colonoscopy screening	billing code 00812
Colonoscopy diagnostic	billing code 00811
Double procedure	the code would just be 00813

Date of Call _____ Insurance company _____ Phone # _____

Representatives name _____ Tell the representative that you are calling to check coverage for your procedure which will be done at Syracuse Endoscopy Associates, LLC. All of the services are done on an outpatient basis.

Are ALL of the companies “in-network” . . . No Yes, _____

Is a referral or authorization needed . . . No Yes, _____

Are there any out of pocket expenses . . . No Yes, _____

Other notes _____

Call reference number _____

Hospitals we are affiliated with:

Crouse Hospital
736 Irving Ave
Syracuse, NY 13210
Billing office 315-470-7331

Community Memorial Hospital
150 Broad Street
Hamilton, NY 13346
Billing office 315-824-6552

Regardless of what your health insurance plan covers, Syracuse Gastroenterological Associates, PC, supports the American Cancer Society, ASGE, AGA, ACG, and CDC Colon Cancer guidelines which recommend a screening colonoscopy for all patients 45 years or older regardless of symptoms. Please speak with your healthcare provider with any questions.

YOUR PROCEDURE

- The anticipated total time for your stay, from registration to departure is approximately 2 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 YOUR PROCEDURE

After the procedure the physician will talk to you about your procedure. Please do not hesitate to ask to speak with your physician again, or you may call the office later at 315-234-6677.

If your physician took biopsies during the procedure, most results will be available within 2-3 weeks. Many patients receive their results at their follow up appointment, some patients will receive a results letter. Register with our patient portal for quicker results and easier access to our office and your records.

You will not be allowed to drive home or for the rest of the day due to the anesthesia.

You **must** have a licensed driver to drive you home and all patients must be discharged in the company of a responsible adult.

⇒ A responsible adult is a person who is physically and mentally able to make decisions for the patient if necessary. Moreover, the responsible person must understand the requirements for post-anesthetic care. (A taxi driver is not considered a responsible person for a patient who just received anesthesia/sedation).

⇒ **If your procedure is at 2:00 or later, your ride must stay and wait for you.**

SPECIAL NEEDS

Syracuse Endoscopy Associates provides a variety of services to accommodate patients who have special needs. Please let us know in advance how we can help you.

INTERPRETER

Please let us know in advance if you require a sign language interpreter or a foreign language translator.

Please note: Family members can not be your translator for your procedure.

Please report to:
Syracuse Endoscopy Associates
5000 Campuswood Drive, Suite 100
East Syracuse, NY 13057

FROM THE NORTH

Take 81 south to Northern Blvd in Cicero.
Take exit 8 from 481S
Continue on Northern Blvd/298
Turn left on New Venture Gear Dr
Turn Left on Campuswood Drive

FROM THE SOUTH

Take 81 north
Take 16A towards 481N
Take exit 5W for Kirkville Road
Merge on to 53/Kirkville Road
Turn right onto Fly Road
Turn left onto New Venture Gear Dr
Turn right onto Campuswood Drive

FROM THE WEST.

Take I-90 east (tolls) to Dewitt
Take exit 35, and continue on NY-298 E
At the traffic circle take the 4th exit onto NY-298E
Exit the circle onto NY-298E
Turn right onto New Venture Gear Dr
Turn left onto Campuswood Dr

FROM THE EAST

Take I-90 west (tolls) to Dewitt
Take exit 35, and continue on NY-298 E
At the traffic circle take the 4th exit onto NY-298E
Exit the circle onto NY-298E
Turn right onto New Venture Gear Dr
Turn left onto Campuswood Drive



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As required by Law: We make the following disclosures to you in advance of your procedure, along with your patient rights and patient responsibilities. If you have questions regarding this notice, please contact our privacy office –

Kathy Kendrick, Administrator @ 315-234-6687

1. Advanced Directives:

2. In accordance with New York State law, SEA must inform you that we are not required to honor your DNR directives. If you provide your advance directives, a copy will be placed in the medical record and transferred with you should a hospital transfer be ordered by the physician. SEA provides information on advanced directives, such as Health Care Proxy, Do-Not-Resuscitate Orders, and Living Wills. If you would like additional information, please ask for a copy of the pamphlet "Do Not Resuscitate Orders — A Guide for Patients and Families." If you would like more information regarding advanced directives, please call (315)234-6688. This will be reviewed again with you on the day of your procedure.

3. Ownership Disclosure:

This is to inform you that your physician might have a financial interest in ownership in Syracuse Endoscopy Associates. The following are physicians that have direct ownership in the department: Dennis Reedy, M.D., Intikhab Iqbal M.D. and Adam Berg MD, Young Lee, M., Sekou Rawlins, MD, and Natalya Iorio, M.D.

4. Patient's Bill of Rights

As a patient of Syracuse Endoscopy Associates, you have the right, consistent with law, to:

1. Understand and use these rights. If for any reason you do not understand or you need help, SEA must provide assistance, including an interpreter.
2. Receive services without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation, source of payment, or age.
3. Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints.
4. Receive information of provisions of off hour emergency coverage.
5. Be informed of the name and position of the doctor who will oversee your care.
6. Know the names, positions and functions of any staff involved in your care and refuse their treatment, examination, or observation.
7. Receive complete information about your diagnosis, treatment, and prognosis.
8. Receive all the information that you need to give informed consent for any proposed procedure or treatment. This information shall include the possible risks and benefits of the procedure or treatment.
9. Refuse treatment and be told what effect this may have on your health.
10. Refuse to take part in research. In deciding whether to participate, you have the right to a full explanation.
11. Privacy while in the department and confidentiality of all information and records regarding your care.
12. Participate in all decisions about your treatment and discharge from the department. SEA must provide you with a written discharge plan and written description of how you can appeal your discharge.
13. Review your medical record without charge. Obtain a copy of your medical record for which SEA can charge a reasonable fee. You cannot be denied a copy solely because you cannot afford to pay.
14. Receive an itemized bill and explanation of all charges.
15. Complain without fear of reprisals about the care and services you are receiving and to have the department respond to you and if you request it, a written response. If you are not satisfied with SEA's response, you can complain to the New York State Health Department by calling 1-800-804-5447.
16. Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors.

Source: 10NYCRR, 405.7, 405.7(a) (1), 405.7(c)

Patients of Syracuse Endoscopy Associates LLC seeking treatment at the center have the responsibility to:

1. Follow department rules and regulations.
2. Give information about past illnesses, hospitalizations, medications, and other matters relating to your health.
3. Tell your doctor or nurse if you are in pain; to ask what to expect regarding pain relief; and to talk with your doctor or nurse about any worries you may have about pain or pain medication.
4. Cooperate with our staff and ask questions if you do not understand any instructions or information.
5. Be considerate of other patients, guests and department staff, and see that your visitors are considerate as well.
6. Keep your appointments or call the department if you must postpone them.
7. Follow the treatment plan you and your doctor make and report any changes in your condition.
8. Take reasonable measures to protect your personal belongings.
9. Be respectful of others' property, and the property of the department.
10. Fulfill the financial obligations of your healthcare.



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I acknowledge that my procedure has been scheduled at Syracuse Endoscopy Associates, LLC, and that the following information was given to me and reviewed verbally.

1. Advanced Directives
2. Physician Ownership of the Department
3. Patient Rights and Responsibilities
4. Need to have a family member / friend stay with me and drive me home after the procedure.
5. Need to bring identification and my co-payment with me the day of the procedure
6. Please be aware you may be receiving a bill for the anesthesia, a bill from the physician performing the procedure, a bill from Syracuse Endoscopy Associates, and possibly a bill for pathology. All is subject to your contract with your insurance carrier.

Signature _____ Print Name: _____

Date of Birth: _____

Date form signed: _____



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PLEASE COMPLETE THE QUESTIONNAIRE ON THE DAY OF YOUR PROCEDURE

First and last name: _____ Date of Birth: _____

Circle one: Are you pregnant? No Yes

How tall are you: _____ How much do you weigh: _____

DRIVERS MUST STAY IN THE AREA: Driver's name: _____ phone#: _____

Please circle which items you brought today: Dentures Glasses Hearing Aids Cane
Walker Wheel Chair

Please circle which of these blood thinners you take on a regular basis: Coumadin Heparin Plavix Aspirin
Ibuprofen Other _____

When did you stop taking it /them? _____

Do you take any GLP-1 or SGLT2 medications? (Ozempic, Trulicity, Jardiance, Farxiga, etc...)? No Yes
When did you stop taking it? _____

What medications did you take today: _____ No meds taken today

ALLERGIES / REACTIONS _____

*****PLEASE GIVE A LIST OF YOUR MEDICATIONS *****

Please circle if you have any of the following: MRSA VRE ESBL C-DIFF DIALYSIS SHINGLES
OTHER _____

Have you had a mastectomy and/or breast lymph node dissection? No Yes, circle: Right Left

Do you have internal implants? (circle one) replacement joints heart valves pacemaker/defib none

Please list implant if other than above: _____

Are you a Diabetic? No Yes, date & time of last finger stick reading? time: _____ reading: _____

If you are a diabetic are you lightheaded or dizzy now? No Yes