INSTRUCTION FOR PANENDOSCOPY

Professional services provided by the physicians at
Syracuse Gastroenterological Associates, PC and Community Memorial Hospital.

General Instructions:

1. If you are Diabetic, please contact the physician that manages your diabetes. They will give you instructions for adjusting your medications for the prep. Let your physician know you will not be eating/drinking anything after midnight.
2. Take all medications for your heart or blood pressure the morning of the test, with a sip of water. Do **NOT** take any diuretics (water pills). Examples: Furosemide (Lasix), Hydrochlorothiazide (HCTZ), Diuril, Aldactone…..
3. If you take blood thinners (Aspirin, Coumadin, Plavix, etc.), please be sure we are aware of this. We will contact your prescribing doctor for specific instructions.
4. Due to sedation used during the exam, you will **not be able to drive home** or for the rest of the day. You also can not return to work the day of your procedure.
5. 2 days before your procedure do not use any erectile dysfunction medications or marijuana.

Remember:

1. **Eight (8) hours prior to your arrival time: NO solid foods. NO milk or milk products. NO red dyes. NO alcoholic beverages or beer.** You can continue the clear liquids for four (4) more hours.
2. **Four (4) hours before your arrival time:** Stop all clear liquids.
3. Take your medications with a sip of water, at least two hours before your arrival time.
4. Bring with you: current medication list, photo ID, insurance cards, and the blue questionnaire.

OFFICE USE:

Diabetic	Y	N
MRSA - who diagnosed/ when?	Y	N
VRE	Y	N
ESBL	Y	N
Active C-diff	Y	N
Pacer/Defib - copy pacer card, who is cardiologist	Y	N
Blood Thinners - name and who is prescribing doctor	Y	N
Clotting Disorder?	Y	N
Translator needed?	Y	N
Oxygen? How many liters?	Y	N
Sleep apnea?	Y	N

Clear liquids are allowed up to 4 hours before your arrival time:
Water, clear fruit juices (apple, white grape, white cranberry), bouillon, Jell-O (NO red Jell-O or fruit added), Ginger ale, Gatorade (NO reds or purple), Kool-Aid, Seven-Up, Popsicles (NO reds or purple), or tea (**no** milk).

Please report to:
Admitting desk, Community Memorial, 150 Broad Street, Hamilton, NY

Date: _____ **Arrival Time:** _____ **Procedure Time:** _____

Any questions or concerns please call 315-234-6677

PLEASE ARRIVE ONE HOUR BEFORE YOUR PROCEDURE TIME

The enclosed QUESTIONNAIRE needs to be filled out and brought with you on the date of your procedure

Community Memorial

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.

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.
- 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 appointment was scheduled or since you last saw your physician.
- Please fill out the required paperwork you received and bring it with you, as well as a picture ID and your insurance cards.
- Check your benefits and eligibility with your insurance company(s), see the billing information packet you were given.
- Please do not arrive prior to 6:45 am
- Due to limited space please only have one person accompany you.
- Arrive 60 minutes prior to your procedure time.

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 YOUR 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 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 is 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 you are having an afternoon procedure <u>your ride must stay</u> and wait for you.

INSURANCE / BILLING GUIDE

Upper Endoscopy CPT 43235 Diagnosis code:
_____
_____

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 panendoscopy which will be done at Community Memorial Hospital. All of our services are done on an outpatient basis.
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.

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)

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

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:
US-20 becomes US-20 W/NY-12B S/NY-26 S
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.

Community Memorial

PATIENT ACKNOWLEDGEMENT

I acknowledge that my procedure has been scheduled at **Community Memorial Hospital in Hamilton, NY** and that the following information was reviewed verbally and copies are available to me.

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. As listed in the billing guide, please be aware you may be receiving a bill from:

    - Community Memorial Hospital, Hamilton, NY
    - Anesthesiologist
    - Physician performing the procedure (from Syracuse Gastroenterological Associates, P.C.
    - Pathologist
    - Centrex Clinical Laboratories, Inc.

These were all explained in the "Endoscopy Procedures: What you need to know".
All is subject to your contract with your insurance carrier.

Signature _____

Print Name _____

Date of Birth: _____

Date form signed: _____

PLEASE BRING COMPLETED PAPERWORK TO YOUR PROCEDURE APPOINTMENT

First and last name: _____ Date of Birth: _____

Name of physician(s) you want report sent to: _____

Circle one: Male Female, are you pregnant? No Yes Procedure you are here for? _____

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

Do you have someone with you in our waiting area? No Yes, person's name: _____

Do you want that person present when the doctor speaks to you after the procedure? No Yes

Is your driver the person in the waiting area? ..... No Yes

Does your driver need to be called? No Yes, Driver's name: _____ phone#: _____

Do you have a Health Care Proxy? ..... No Yes

Do you have a Living Will? ..... No Yes

Do you have a Do Not Resuscitate (DNR) order? ..... No Yes

**If *you have a Health Care Proxy, Living Will, or DNR, please bring copies to your procedure appointment*

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

Race:

☐ Black/African American
☐ White
☐ Native Hawaiian / Pacific Islander
☐ American Indian / Alaskan Native
☐ Asian (specify e.g. Chinese) _____
☐ Other _____

Please circle which of these medications you take on a regular basis: Coumadin Heparin Plavix Aspirin Ibuprofen

When did you stop taking it /them? _____

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

Medication Allergy ☐ No ☐ Yes
Iodine/Dye Allergy ☐ No ☐ Yes
Latex allergy ☐ No ☐ Yes
Food Allergy ☐ No ☐ Yes

Please list allergies to medication or food

1._____ list the reaction(s): _____
2._____ list the reaction(s): _____
3._____ list the reaction(s): _____

Other allergy notes: _____

PLEASE BRING A LIST OF YOUR MEDICATIONS WITH YOU

PLEASE FILL OUT THE DAY OF YOUR PROCEDURE
BRING COMPLETED PAPERWORK TO YOUR APPOINTMENT

First and last name: _____ Date of Birth: _____

Please circle if you have any of these diseases: MRSA VRE ESBL C-DIFF HEPATITIS TB SHINGLES OTHER_____

Are immunizations up to date for patients 18 and younger? No Yes, immunizations are up to date, confirmed by parent/guardian

Do you smoke/use tobacco? ..... No Yes

If yes, are you interested in stopping? ..... No Yes

Syracuse Gastroenterological Associates, PC and Syracuse Endoscopy Associates, LLC encourage all patients to stop using tobacco. There are many resources available to help you stop using tobacco (e.g., referral to counseling, http://www.smokefree.gov, 1-800-QUIT-NOW, pharmacotherapy). Please ask at any time for help or more information.

Do you drink alcohol? ..... No Yes

Have you received a flu shot? ..... No Yes, date _____

Do you take recreational drugs? ..... No Yes

Have you had problems with anesthesia or sedation? ..... No Yes

Have you been diagnosed with sleep apnea by a doctor? ..... No Yes

If yes, do you use a CPAP machine? ..... No Yes

Do you have difficulty opening your mouth? ..... No Yes

Do you have any loose teeth or dental abnormalities? ..... No Yes

Do you have difficulty flexing or extending you neck? ..... No Yes

Are you receiving Dialysis? ..... No Yes

Have you had a mastectomy and/or 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 felling lightheaded or dizzy now?..... No Yes

PREP:

When did you drink liquid last? _____

When did you eat solid food last? _____

THE QUESTIONS BELOW ARE FOR COLONOSCOPY AND SIGMOIDOSCOPY PATIENTS ONLY:

If you are having a colonoscopy, was colon cleansing medication taken as directed? ..... No Yes

Prep Type ___Suprep ___Prepopik ___Miralax ___Fleets enema
___HalfLytely ___GoLytely ___Moviprep ___Other

Prep Results ___Clear ___Yellow ___Brown ___ Other, _____
___Watery ___ Thick liquid ___ Solid ___ Other, _____