



Community
Memorial

INSTRUCTION FOR PANENDOSCOPY

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

INSTRUCTIONS FOR PANENDOSCOPY

(IMPORTANT: Make sure to read the back of this paper as well.)

- **Eight (8) hours prior to your arrival time:** NO Broth. NO solid foods. NO milk or milk products. NO red or purple dyes. NO coffee. NO alcoholic beverages or beer. You can continue the clear liquids for four (4) more hours. Clear liquid examples: Water, clear fruit juices (apple, white grape, white cranberry), Jell-O (no red or purple), ginger ale, Gatorade (no red or purple), Kool-Aid (no red or purple), Seven-Up, popsicles (no red or purple), tea (no milk).
- **Four (4) hours before your arrival time:** Stop all clear liquids. No gum chewing, no hard candy, and no chewing tobacco.
- Take your medications with a sip of water, at least two hours before your arrival time.
- Take all medications for your heart or blood pressure the morning of the test, with a sip of water.
- Bring with you: current medication list, photo ID, insurance cards, and the questionnaires.
- **You will not be allowed to drive after your procedure or the remainder of the day.** Please arrange for a responsible adult to drive you home. If it is necessary for you to use a Taxi or Uber, you still MUST have a responsible adult, like a family member or friend, accompany you on the drive home.
 - If your appointment is at 2:00 or later we require that your driver stay in the waiting room during your procedure. Taxis and Ubers can NOT be used for these late day appointments.
- 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.
- If you have a pacemaker or defibrillator, please be sure the office is aware.
- If you have had COVID within the month prior to your procedure please call the office.
- **Please call the office if you have had any new symptoms, diagnoses, medications, surgeries, or hospitalizations since we last spoke with you.**

Diabetic ON INSULIN	Y	N
MRSA or VRE- who diagnosed/when?	Y	N
C-DIFF test ordered	Y	N
Pacer/Defib - copy pacer card, who is cardiologist?	Y	N
Blood Thinners - name and who is prescribing dr?	Y	N
Clotting Disorder?	Y	N
Translator needed?	Y	N
Oxygen? How many liters?	Y	N
Malig. Hyperthermia	Y	N
On Dialysis (must be RCC)	Y	N
Had COVID in last month	Y	N
Patient has meds to hold	Y	N

Please report to:
Admitting desk, Community Memorial
150 Broad Street, Hamilton, NY
*****Enter at door 13 - see map in packet**

Date: _____

Arrival Time: _____ Procedure Time: _____

Any questions or concerns please call 315-234-6677

IMPORTANT: SEE BACK SIDE



Medications that need to be held prior to your procedure:

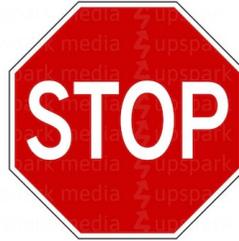
DO NOT TAKE 7 DAYS PRIOR:

Phentermine (Adipex-P, Suprenza)
Phentermine/Topiramate (Qsymia)
Orlistat (Xenical, Alli)
Lorcaserin (Belviq)
Diethylpropion
Methamphetamine (Desoxyn)
Liraglutide (Saxenda)
Benzphetamine (Didrex, Regimex)
Phendimetrazine (Bontril PDM)
Carafate
Iron
Multivitamins
Herbal meds
Fish oil
Vitamins A&E

DO NOT TAKE 2 DAYS PRIOR:

Lisdexamfetamine (Vyvanse)
Dextroamphetamine & Amphetamine (Adderall)
All ADHD meds
Sildenafil (Viagra)
Tadalafil (Cialis)

No Marijuana or recreational drugs



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.

Advise them of the medication changes you need to make and work with your doctor on how to manage your blood sugar during your prep time.

DIABETIC AND WEIGHT LOSS MEDICATIONS

The following medications **MUST BE STOPPED** as instructed below

GLP-1 MEDICATIONS

- If you are taking a GLP-1 medication on a **DAILY BASIS** you will need to skip your dose the day of the procedure.
- If you are taking a GLP-1 medication on a **WEEKLY BASIS** you will need to skip your dose the week before your procedure.

Trulicity (Dulaglutide)
Bydureon BCise or Byetta (Exenatide)
Ozempic, Wegovy or Rybelsus (Semaglutide)
Saxenda or Victoza (Liraglutide)
Adlyxin or Lyxumia (Lixisenatide)
Mounjaro or Zepbound (Tirzepatide)
Soliqua (Insulin glargine/Lixisenatide)
Beinaglutide
PEG-loxanatide

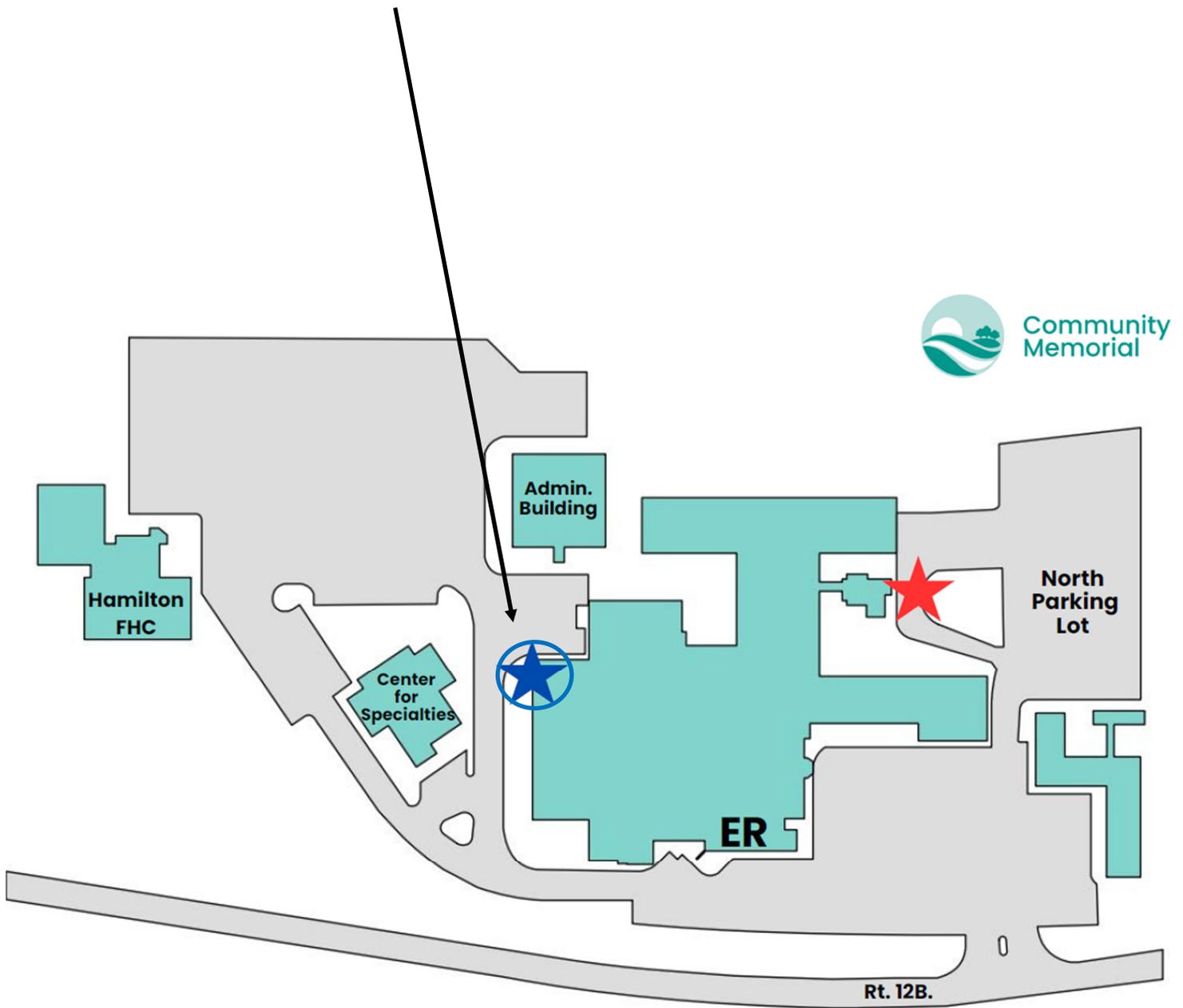
SGLT2 MEDICATIONS

- Hold these medications for 3 days

Jardiance (Empagliflozin)
Brenzavvy (Bexagliflozin)
Invokana (Canagliflozin)
Farxiga or Xigduo (Dapagliflozin)
Inpefa (Sotagliflozin)
Suglat (Ipragliflozin)
Invokamet (Canagliflozin plus Metformin HCl)
Synjardy (Empagliflozin plus Metformin HCl)
Qtern (Dapagliflozin and Saxagliptin)

Steglatro (Ertugliflozin) • Hold this medication for 4 days

Enter through Door 13 at the REAR of the SOUTH end of the building through the covered ramp.



 All patients receiving outpatient services (radiology, laboratory and rehabilitation) and visitors will enter through our NORTH ENTRANCE.

 Surgical patients will enter through Door 13 at the REAR of the SOUTH end of the building through the covered ramp.



**PLEASE ARRIVE
ONE HOUR BEFORE
YOUR PROCEDURE TIME.**

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

- **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 information in this packet.
- **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 bring a current medication list, 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 had any new symptoms, diagnoses, medications, surgeries, or hospitalizations.**
- Due to limited space please only have one person accompany you.
- Please fill out the required paperwork you received and bring it with you.
- Arrive 60 minutes prior to your procedure time. Please do not arrive prior to 6:45am.
- **If your appointment is 2:00 or later, your ride must stay and wait for you while you have your procedure.**

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 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.**

Billing information / guide

About your upcoming endoscopy procedure at Community Memorial Hospital

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) _____

Although your primary care provider may refer you for a “screening” colonoscopy, you may not qualify 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.

A list of the companies that you may receive a bill from for your procedure are on the next page.

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. We have numbered them to make it easier if you need to write down something regarding only one specific company.

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 Community Memorial Hospital. All of the services are done on an “outpatient hospital setting”.

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 _____

For your upcoming endoscopy procedure at Community Memorial in Hamilton.

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

Community Memorial Hospital Facility Fee

150 Broad Street, Hamilton, NY 13346
TAX ID number 150548010
Billing questions call 315-824-6552
Website: <https://communitymemorial.org>

Syracuse Gastroenterological Associates, P.C.

5000 Campuswood Drive, East Syracuse, NY 13057
TAX ID number 160989507
Billing questions call 315-937-3000
Website: www.syracusegastro.com

Pathologist fee

(billed by Syracuse Gastroenterological Associates, PC)
The pathologists fee for interpreting any biopsies

CHAG Anesthesia

TAX ID number 161075185
NPI number 1740279017
Billing questions call MMRI at 315-362-5281

Laboratory Alliance

(bills the technical charge for any pathology or cytology)
Corporate offices: 1304 Buckley Road, Syracuse, NY 13212
Billing questions call 315-883-4882
Website: <https://www.laboratoryalliance.com/patient-services/insurers/>

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





Community
Memorial

Please report to:

COMMUNITY MEMORIAL

150 BROAD STREET

HAMILTON, NY 13346

**Enter through Door 13 at the REAR of the SOUTH end of the building through the covered ramp. (see the map in this packet)

<https://www.communitymemorial.org>

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 45 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
 - The lab

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

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

Latex allergy No Yes

Iodine/Dye 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**

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

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? _____