

**DIRECTIONS TO
THE CENTER FOR AMBULATORY AND MINIMALLY INVASIVE SURGERY
"CAMIS"**

234 Industrial Way West, The Summit, Building B, Suite 101
Eatontown, NJ 07724
(732) 440-4900

FROM THE NORTH

- Take Route 18 South, Towards Pt. Pleasant
- Take EXIT 13A, HOPE ROAD
- Make the 3rd left onto INDUSTRIAL WAY WEST
- Follow INDUSTRIAL WAY WEST for approximately a half mile
- There is a large blue building on the right
- 234 INDUSTRIAL WAY WEST / THE SUMMIT, will be on the left
- Building B is just behind Building A, both buildings are clearly marked.
- If you reach Meridian Road, you've gone too far

FROM THE SOUTH

- Take Route 18 North, towards Eatontown, to CR-547S, Exit 13A
- Take EXIT 13A, towards Garden State Parkway/Wayside
- Make a right onto Wyckoff
- Make a left onto Hope Road
- Make the 2nd left onto INDUSTRIAL WAY WEST
- Follow INDUSTRIAL WAY WEST for approximately a half mile
- There is a large blue building on the right
- 234 INDUSTRIAL WAY WEST / THE SUMMIT, will be on the left
- Building B is just behind Building A, both buildings are clearly marked
- If you reach Meridian Road, you've gone too far

475 County Road 520, Baron Plaza, Suite 201, Marlboro, NJ 07746

59 Kent Road, Howell, NJ 07731

100 Perrine Road, Old Bridge, NJ 08857

Tel. 732-370-2220 • Fax: 732-548-7408

www.advancedgastroonline.com

Today's Date: _____

Dear Patient,

The doctor will be performing your upcoming procedure at CAMIS, an ambulatory surgery/out-patient facility, located at 234 Industrial Way West, The Summit, Building B, Suite 101, Eatontown, NJ 07724.

At least 6 days prior to your procedure, please carefully read all of the attached information.

It is extremely important that you follow the dietary and preparation instructions as outlined in your attachments.

The day before your procedure, the surgery center will call you to advise you of the time you should arrive. Please note, **the appointment time given at the time your appointment is made is always subject to change.**

On the day of your procedure, please bring with you the following items:

- Your insurance ID card (s)
- Picture ID

All other paperwork attached is for information purposes only and does not need to be brought with you on the day of your procedure.

**** If you find it necessary to cancel your appointment, please kindly give us 72 (business) hours notice; this will allow us to use this appointment for other patients as well as help you avoid a \$100.00 cancellation fee. ****

Thank you.

Advanced Gastroenterology Associates

COLONOSCOPY WITH MIRALAX PREP

COLONOSCOPY DATE: _____ TIME: _____

WHAT YOU NEED TO BUY:

- MIRALAX – 238 gram bottle (available over-the-counter at any pharmacy).
- If not diabetic: Gatorade, 64 ounces (any color except red or purple) Alternatives: any clear drink, such as water, Crystal Light, etc.
- If diabetic: Crystal Light (to be mixed with 64 ounces of water). Alternatives: water (64 ounces) or any other sugar free drink.
- Dulcolax Tablets (not suppositories), 4 tablets (5mg each), purchased over-the-counter.
- You may want to purchase a supply of "clear liquids" for your preparation.

MEDICATIONS

If you take Aggrenox, Brilinita, Coumadin (warfin), Effient, Lovenox, Plavix (clopidogrel), Pradaxa, Xarelto, or diabetic medications, please make sure you have received instructions from your prescribing doctor on any changes you may need to make while preparing for your colonoscopy.

INSTRUCTIONS:

5-7 days prior to procedure:

Stop all herbal supplements (such as ginkgo biloba, St. John's wort, fish oil), vitamin E, iron supplements, and anti-inflammatories (such as Advil, Motrin, Aleve, or Excedrin). It is okay to take Tylenol. Continue taking all approved medications. **DO NOT STOP ANY MEDICATIONS, INCLUDING ASPIRIN, UNLESS INSTRUCTED BY YOUR DOCTOR.**

3-4 days prior to the procedure:

Start a low roughage diet, avoid excess amounts of vegetables, salads, fruits with skins or seeds, nuts, corn, popcorn, whole grain cereals, or whole grain breads (for example, no Kashi).

1 day before the procedure:

- Okay to take approved daily medications.
- Clear liquid diet all day long. For example, water, juice with no pulp (apple, etc.), popsicles, soda, jello (any color but red or purple), clear broth, black coffee (no milk), ice, etc.
- NO food or dairy products all day long.

At approximately 12 noon:

- Take 4 Dulcolax tablets.
- Mix 238 grams of Miralax with Gatorade or substitute and refrigerate.

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COLONOSCOPY WITH MIRALAX PREP – CONTINUED

At 5PM:

- Start drinking the Miralax and Gatorade, or Miralax and substitute mix.
- Try to drink one 8-ounce cup every 15-20 minutes. If nauseated, slow down.
- Aim to finish up by 10PM the latest.

10PM-midnight

- Continue drinking only clear liquids.
- Stay close to the bathroom!

Day of the procedure

Nothing to eat or drink prior to the procedure (no water, coffee, candy, gum). No breakfast. Take only your approved daily medications with a few sips of water (no diuretics/water pills unless this is combined with your blood pressure pills). **IF YOU CONTINUE DRINKING AFTER YOUR MEDICATIONS, YOU PUT YOURSELF AT RISK OF ASPIRATION PNEUMONIA.**

After your colonoscopy

Sedatives given during your colonoscopy may linger for hours, so it is essential that a companion accompany you home. Your procedure will be canceled if you do not have appropriate transportation home. You should not drive or operate any machinery. Do not drink alcohol or take sedative medicines during the next 24 hours following your procedure. Do not plan to travel outside the country for 10 days following your colonoscopy.

During the colonoscopy, air is used to partially inflate the bowel. This may give you a sensation of bloating or cramps. You can take Gas-X or Mylicon for gas. The discomfort will gradually disappear. Passage of small amounts of blood in the stool is of no consequence. You should notify us immediately at (732) 370-2220 if you develop worsening abdominal pain, persistent nausea and vomiting, passage of large amounts of blood or clots, or significant fever (over 101).

Unless otherwise instructed, you may resume your usual diet and medications after the procedure.

KNOW YOUR BENEFITS!!!

You must call your insurance company prior to your procedure to KNOW YOUR BENEFITS.

You will be responsible for any **DEDUCTIBLES** and **CO-INSURANCE** associated with your particular insurance plan. DO NOT assume “in-network” means you will be 100% covered.

You are scheduled to have your procedure performed at the **Center for Ambulatory and Minimally Invasive Surgery (CAMIS), which is an Ambulatory Surgical Facility, not an office.** Whether or not this facility is in network with your insurance carrier, you may have out-of-pocket costs which come from annual deductibles, coinsurance, and co-pays.

We will obtain any necessary prior authorizations for your procedure; however, this does not guarantee payment. **Please check your benefits with your insurance carrier(s) for this procedure.**

To help you better understand your benefits when calling your insurance carrier, the following is a check-list of important questions to ask.

Is the facility in network with my insurance carriers?

Please note, even if your doctor participates with your insurance carriers, CAMIS may not. It is your responsibility to verify your coverage with ALL your insurance carriers.

Do I have a facility-based deductible?

If so, you may be asked to bring a portion of this deductible the day of the procedure. CAMIS will call you prior to your appointment to notify you of this. If a payment plan would be helpful, please let them know at the time of this phone call.

Am I responsible for any co-insurance?

For example, some policies cover 80%, leaving the patient responsible for 20%, which is your co-insurance. If you have any co-insurance responsibility, you may be asked to bring a portion of this amount the day of the procedure. CAMIS will call you prior to your appointment to notify you of this. If a payment plan would be helpful, please let them know at the time of this phone call.

Do I have a facility co-pay?

If so, **this is due on the date of the procedure.**

Do I need a referral?

Please make sure all referrals are up-to-date. If you are scheduled for a second procedure on another day, a second referral may be required.

How will my colonoscopy be billed?

If you are having a colonoscopy, to better understand how your insurance company may handle your colonoscopy claim, please see the attached sheet. When calling, you'll need your diagnosis code(s), found on your patient summary received after your office visit, so that your insurance company can tell you how they will be processing your claim and your potential financial responsibility, if any.

As always, if you have any questions or concerns, please feel free to call us at (732) 370-2220.

COLONOSCOPY: SCREENING, SURVEILLANCE OR DIAGNOSTIC?

Your insurance policy may be written with different levels of benefits for preventative versus diagnostic or therapeutic colonoscopy services. This means there are instances in which you may think your colonoscopy will be billed as a "screening" when it actually has to be billed as therapeutic. How can you determine what category your colonoscopy falls into?

COLONOSCOPY CATEGORIES:

Diagnostic/Therapeutic Colonoscopy: Patient has past and/or present gastrointestinal symptoms, polyps, GI disease, iron deficiency anemia and/or any other abnormal tests.

Surveillance/High Risk Screening Colonoscopy: Patient is asymptomatic (no gastrointestinal symptoms either past or present), has a personal history of GI disease, colon polyps, and/or cancer. Patients in this category are required to undergo colonoscopy surveillance at shortened intervals (every 2-5 years, for instance).

Preventative Colonoscopy with Screening Diagnosis: Patient is asymptomatic (no gastrointestinal symptoms either past or present), over the age of 50, has no personal or family history of GI disease, colon polyps, and/or cancer. The patient has not undergone a colonoscopy within the last 10 years.

Your primary care physician may refer you for a "screening" colonoscopy, but there may be a misunderstanding of the word screening. You must have no symptoms at all for your colonoscopy to be billed as a screening service.

Before your procedure, you should know your colonoscopy category. After establishing which one applies to you, please call your insurance company to find out your coverage for this service as well as and what your out-of-pocket responsibility, if any, will be.

Can the physician change, add, or delete my diagnosis so that it can be considered eligible for a screening colonoscopy? No. The patient encounter is documented in your medical record from information you have provided as well as what is obtained during your pre-procedure history and assessment. It is a binding legal document that cannot be changed to facilitate better insurance coverage. Patients need to understand strict government and insurance company documentation and coding guidelines prevent a physician from altering a chart or to bill for the sole purpose of coverage determination. This is considered insurance fraud and punishable by law with fines and/or jail time.

What if my insurance company tells me the doctor can change, add, or delete a diagnosis or procedure code? Sadly, this happens a lot. Often, the representative will tell the patient "if the doctor had coded this as a screening, it would have been covered differently". However, further questioning of the representative will reveal the "screening" diagnosis can only be amended if it truly applies to the patient. Remember, many insurance carriers only consider a patient over 50 with no personal or family history, as well as no past or present gastrointestinal symptoms as a "screening." If you are given this information, please document the date of the call as well as the name and phone number of the insurance representative you spoke with. Next, contact our billing department. We will investigate the information given.