

Today's Date: _____

Dear Patient,

You have been scheduled for a procedure at Centrastate Medical Center, 901 West Main Street, Freehold, NJ 07728, on _____ with Dr. _____.

Attached you will find:

Procedure preparation instructions.

A prescription for your preparation (if you are having a colonoscopy); this can be obtained at your local pharmacy.

An order sheet for pre-admission testing (if required). If you have been advised pre-admission testing is necessary, please call **732-294-2778** to schedule your **pre-admission testing** as well as to **pre-register** for your procedure.

If you do not need to schedule any pre-admission testing, **pre-registration** will still be required. Please call Centrastate Medical Center's Admitting office at **732-294-2654** to **pre-register** for your procedure.

The evening before your procedure, a hospital representative will call you to advise you of your procedure time and when you should arrive at the hospital. When arriving at the hospital, please go through the main entrance and follow signs to "Admitting".

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

If you have any questions, please feel to call the office at 732-370-2220.

Thank you,

Advanced Gastroenterology Associates

UPPER ENDOSCOPY INFORMATION AND PREPARATION

Patient Name: _____

Today's Date: _____

Procedure Date: _____

To help you determine your medical treatment, you have been asked to undergo an upper endoscopy (esophagogastroduodenoscopy). This is an examination of your esophagus, stomach, and first two portions of the duodenum (small intestine).

As you will receive sedative medication, please be sure to arrange to have someone pick you up after your procedure. You will not be able to drive a car or perform complex activities after receiving sedation.

Five days prior to your procedure, stop all herbal supplements (such as ginkgo biloba, St. John's wort, fish oil, etc.), vitamin E, and anti-inflammatories (such as Advil, Motrin, Aleve, or Excedrin). If you take Coumadin (warfarin), Plavix (clopidogrel), or diabetic medications, please make sure you have received instructions from your prescribing doctor. **DO NOT STOP ANY MEDICATIONS, INCLUDING ASPIRIN, UNLESS INSTRUCTED BY YOUR DOCTOR.**

For the best possible examination, the upper gastrointestinal tract must be completely empty of food and liquids. Please do not eat or drink anything after midnight the night before your procedure and then not again until after your endoscopic examination. **TAKE ONLY YOUR APPROVED MEDICATIONS WITH A TINY SIP OF WATER AT LEAST TWO HOURS PRIOR TO YOUR PROCEDURE.**

The doctor will describe any special instructions in addition to those above. If you have any questions, please contact our office at (732) 370-2220.

Special Instructions: _____

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

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 **CentraState Medical Center as an "out-patient"**. 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, the hospital may not. It is your responsibility to verify your coverage with ALL your insurance carriers.

Do I have a facility-based deductible?

Am I responsible for any co-insurance?

For example, some policies cover 80%, leaving the patient responsible for 20%, which is your co-insurance.

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 or via the portal, 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.

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