

PROCEDURE INFORMATION AND PREPARATION

TODAY'S DATE: _____

PATIENT NAME: _____

PROCEDURE: _____

PROCEDURE DATE: _____

I have received a copy of the procedure and preparation information. I have read and understand the instructions.

Please note: It is the patient's responsibility to have any necessary referrals from your primary doctor. If you do not have the required referrals, your procedure will be cancelled. All insurance coverages vary. We will make every attempt to verify your coverage, but you are ultimately responsible to know your benefits.

PATIENT SIGNATURE: _____ DATE: _____

Endo Surgi Center of Old Bridge
42 Throckmorton Lane
Old Bridge, NJ 08857
(732) 679-8808

FINANCIAL INFORMATION

Endo Surgi Center of Old Bridge, LLC is a separate entity from Advanced Gastroenterology Associates. The Endo Surgi Center of Old Bridge is an *Ambulatory Surgery Center*. The services rendered here are **not** office-based procedures.

Your doctor's office will contact your insurance company to better understand your health benefits for the services to be provided as well as to find out if pre-authorization or if a referral is required for this service. If necessary, they will obtain pre-authorization for you; however, this does not guarantee payment. You are responsible to obtain any referrals required. The doctor's office and the endo surgi center are not responsible for any misinformation received from your insurance company(ies). It is always best that you call your insurance company to better understand your benefits and any potential financial responsibility for this service as well.

While your doctor may participate with your insurance carriers, the Endo Surgi Center of Old Bridge, LLC may not be a participating facility. The Endo Surgi Center of Old Bridge, LLC can work with both in-network and out-of-network health plans.

Please note, often "pre-existing condition clauses" are a concern. When an insurance contract has a pre-existing clause, whether or not you have a lapse in coverage, you may be required to provide additional information to your insurance company (i.e. Certificate of Credible Coverage) to insure payment. If you do not provide such information within 30 days of the insurance company's request and payment is delayed for this reason, you will be personally responsible for payment of services rendered. If you have a lapse in coverage and your current insurance policy has a "pre-existing condition clause", your insurance company may deny payment. If the claim is denied for this reason, you will be personally responsible for payment of services rendered.

The Endo Surgi Center of Old Bridge will generate a separate bill for your procedure, just as a hospital would if you had your procedure there. You should anticipate receiving four (4) separate bills: a facility charge, the doctor's professional charge, an anesthesiologist charge, and a pathology charge, should biopsies be taken. These bills will be submitted to your insurance company(ies) with the information provided.

The billing staff at Endo Surgi Center of Old Bridge, LLC., at (908)-688-3727, extension 233, is available to answer your questions relating to any statements or bills you do not understand.

Please sign below to indicate your understanding and acceptance of the above information.

Print Patient's Name

Patient Signature

Responsible Party Name

Responsible Party Signature

Witness Name

Witness Signature

Date: _____

DISCLOSURE FORM

You have been scheduled to have your upcoming procedure at the Endo Surgi Center of Old Bridge.

In accordance with Federal Regulations (42 C.F.R. 416.50(a)(ii) and the Public Law and applicable rules of the State of New Jersey, Board of Medical Examiners (C.26:2H-12; N.J.A.C 13:35-6.17), a physician, podiatrist, and all other licensees of the Board of Medical Examiners must inform patients of any significant financial interest in a health care facility.

Then Endo Surgi Center of Old Bridge is owned (in part) by one or more of the physicians of Advanced Gastroenterology Associates. Accordingly, please take notice that the physician who will be performing your procedure may have a financial interest in the health care facility for which you are being referred.

You may, of course, seek treatment at a health care facility of your own choice. A listing of alternative health care facilities can be found in the classified section of your telephone directory under the appropriate heading.

You have the right to enter into an advance directive. An advance directive means a written statement of your instructions and directions for health care in the event of your future decision making incapacity. An advance directive may include a proxy or directive or an instruction directive, or both. (N.J.A.C. 8:43A 1.3). If you have an advanced directive contrary to receiving CPR and do not agree to receiving CPR, you will not be able to have your procedure at the Endo Surgi Center of Old Bridge.

You have the right to make informed decisions regarding your care including the right to make decisions concerning the right to accept, refuse, or choose from alternatives of medical and/or surgical treatment.

By signing this disclosure, you or your legal representative, acknowledge that: (1) you are receiving this notice prior to the date of the procedure; (2) you have been informed of the financial interests of the practitioners in this office; (3) you voluntarily desire to have your procedure performed at the Facility; (4) you have the right to enter into an advance directive; and (5) agree to have CPR if required; (6) you have the right to make informed decisions regarding your care; (7) you have received a copy of patient rights.

I understand and agree:

Patient Signature _____ Witness: _____

Printed Name: _____ Printed Name: _____

Date: _____ Date: _____

Complaints may be lodged with the following:

N.J. Department of Health and Senior Services
Division of Health Facilities Evaluation and Licensing
PO Box 367, Trenton, NJ 08625-0367
<http://www.state.nj.us/health/healthfacilities>

Office of the Medicare Beneficiary Ombudsman
<http://www.medicare.gov/Ombudsman/activities.asp>

475 County Road 520, Baron Plaza, Suite 201, Marlboro, NJ 07746
403 Candlewood Commons, Building #4, Howell, NJ 07731
100 Perrine Road, Old Bridge, NJ 08857

Tel. 732-370-2220 • Fax: 732-548-7408
www.advancedgastroonline.com

**Endo Surgi Center of Old Bridge
42 Throckmorton Lane, Old Bridge, NJ 08857
(732) 679-8808**

Directions

FROM POINTS SOUTH OF OLD BRIDGE AND CINDY STREET:

- Take Route 9 North past Cindy Street
- Exit Route 9 at the next exit - Throckmorton Lane, Ticetown Road, Matawan
- Once you exit, immediately bear right, following signs for Throckmorton Lane and Ticetown Road
- Continue to first stop sign and make a left on to Throckmorton Lane
- Once on Throckmorton Lane, go through the first light
- The Endo Surgi Center of Old Bridge will be on the right side, approximately 2/10's of a mile

**** If you come to a second light, you have gone too far ****

FROM POINTS NORTH OF OLD BRIDGE AND ROUTE 516

- Take Route 9 South passing both exits for Route 516
- After passing these exits, take the next exit - Throckmorton Lane, Ticetown Road
- Once you have exited, bear right and merge on to Throckmorton Lane
- The Endo Surgi Center of Old Bridge will be on the right, approximately 2/10's of a mile

****Once you have merged on to Throckmorton Lane, if you come to a light, you have gone too far****

Today's Date: _____

Dear Patient,

The doctor will be performing your upcoming procedure at Endo Surgi Center of Old Bridge, an ambulatory surgery/out-patient facility, located at 42 Throckmorton Lane, Old Bridge, NJ 08857.

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 INFORMATION AND PREPARATION

COLONOSCOPY DATE: _____ TIME: _____

If you have any questions or concerns prior to your colonoscopy, please call (732) 370-2220 , option2.

Medications

If you take Coumadin (warfarin), Plavix (clopidogrel), Pradaxa, Xarelto, Lovenox, Effient, or diabetic medications, please make sure you have received instructions from your prescribing doctor.

Diet Instructions

Five days prior to your 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 ok to take Tylenol. **DO NOT STOP ANY MEDICATIONS UNLESS INSTRUCTED BY YOUR DOCTOR.**

Three to four days before 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).

The day before the procedure, you may eat lightly until **2:00PM** (for example: eggs, white toast, low fiber cereals like Rice Krispies, yogurt (smooth, no fruit, etc.), ice cream (smooth, no nuts, etc.), pudding, low pulp juices, milk, coffee, or tea). No fruits or vegetables. **After 2:00PM, you should have no solid food until after your procedure is completed on the following day.** You may have clear liquids (light in color) until 4 hours prior to procedure. Clear liquids include clear broth (without solid material like noodle or vegetables), any Jell-O (except red or purple color), tea, water or clear sodas.

The morning of the procedure, take only your **APPROVED MEDICATIONS** with a small sip of water (no diuretics/water pills unless this is combined with your blood pressure pills). **IF YOU CONTINUE DRINKING AFTER YOUR MORNING PREP AND MEDS, 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 cancelled 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.

**** ONCE STEP 2 OF YOUR PREP HAS BEEN COMPLETED, DO NOT DRINK OR EAT ANYTHING UNTIL
AFTER YOUR PROCEDURE ****

On the day before your procedure, you must adhere to the marked preparation directions below, which your doctor has prescribed specifically for you. Please do not follow directions on prep packaging.

VERY IMPORTANT!

**-YOU MUST DRINK AT LEAST 6-8 GLASSES OF WATER THROUGHOUT THE DAY PRIOR TO BEGINNING THESE PREPS
-APPLYING CREAMS SUCH AS BALMEX, A&D CREAM, OR VASELINE, AND USING WIPES INSTEAD OF TOILET PAPER
WILL HELP PREVENT IRRITATION.**

O _____ OsmoPrep Tablets (32 Tablets)

Step 1. Beginning at _____ the night before the procedure, take 4 tablets every 15 minutes, with a large glass of water or diet ginger ale, for a total of 20 tablets.

Step 2. Beginning at _____ the morning of the procedure, complete the preparation. Take 4 tablets every 15 minutes, with a large glass of water or diet ginger ale, for a total of 12 tablets. **THIS MUST BE COMPLETED AT LEAST 4 HOURS BEFORE YOUR PROCEDURE TIME.**

O _____ GoLytyl, Trilyte (4 Liters) **

Step 1. Beginning at _____ the night before the procedure, drink 8 ounces every 15 minutes, for a total of 3 liters, about 75% of the bottle.

Step 2. Beginning at _____ the morning of the procedure, complete the preparation, drinking 8 ounces every 15 minutes until the bottle is empty. **THIS MUST BE COMPLETED AT LEAST 4 HOURS BEFORE YOUR PROCEDURE TIME.**

O _____ MoviPrep (2 Liters) **

Step 1. Beginning at _____ the night before the procedure, empty 1 pouch A and 1 pouch B into the disposable container. Fill the container up to the top line with lukewarm drinking water and mix to dissolve. Drink 8 ounces every 15 minutes until the container is emptied followed by at least 16 fluid ounces of water or diet ginger ale.

Step 2. Beginning at _____ the morning of the procedure, complete the preparation following the above steps, emptying pouches and filling container with lukewarm water. Drink 8 ounces every 15 minutes until the bottle is empty followed by 16 fluid ounces of water or diet ginger ale. **THIS MUST BE COMPLETED AT LEAST 4 HOURS BEFORE YOUR PROCEDURE TIME.**

O _____ SuPrep

Step 1. Beginning at _____, the night before the procedure, dilute 1 bottle of SuPrep with 10 ounces of water or diet ginger ale and drink the entire mixture. Drink 32 ounces of water or diet ginger ale over the next hour.

Step 2. Beginning at _____ the morning of the procedure, dilute 1 bottle of SuPrep with 10 ounces of water or diet ginger ale and drink the entire mixture. Drink 32 ounces of water or diet ginger ale over the next hour. **THIS MUST BE COMPLETE AT LEAST 4 HOURS PRIOR TO YOUR PROCEDURE TIME.**

**** If you can not wake up 5 hours before your procedure for the morning preparation, you must take it as late as possible the night before. This does NOT include OsmoPrep and SuPrep.**

Dear Patient,

You are scheduled to have your procedure performed at Endo Surgi Center of Old Bridge, 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, co-insurance, and co-pays.

We will obtain any necessary prior authorization for your procedure; however, this does not guarantee payment.

Please check your benefits with your insurance carriers 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**.

If you are having a screening colonoscopy, please be sure you have **routine screening** benefits which can differ from medically necessary colonoscopies.

Are my insurance carriers in network?

Please note that **even if your Doctor participates** with your insurance carriers, **Endo Surgi Center of Old Bridge may not** be a participating facility. It is your responsibility to verify your coverage with **ALL** of your insurance carriers.

Do I have a facility-based deductible?

If so, you will be billed after the claim has been processed by your insurance company.

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, this, too will be billed to you after the claim has been processed by your insurance company.

Do I have a facility co-pay?

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

Do I need a referral?

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

Pre-Existing Condition Clauses - What are they and do they apply to me?

Often, "pre-existing condition clauses" are a concern. If there has been a lapse in coverage for a specific amount of time and your current insurance policy has a "pre-existing condition clause," your insurance company may deny payment based on this. If this payment is denied based on a "pre-existing condition clause," you will be personally responsible for payment of services rendered. To avoid this situation, please check with your insurance carrier if such a clause exists with your policy. When there is only a small gap in coverage, or no gap between policies, providing your current insurance carrier with "proof of prior coverage", also known as a "certificate of credible coverage," can be a simple way to avoid unpaid claims.

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

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.

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.

**YOU MUST TAKE YOUR
MORNING PREP!**

**IF YOU SKIP THIS STEP,
YOUR COLON WILL NOT BE
CLEAN AND IT WILL
COMPROMISE THE
ACCURACY OF YOUR
PROCEDURE.**

**PLEASE, DO NOT
FOLLOW DIRECTIONS
ON PACKAGING OF
PREP!**

**FOLLOW ONLY THE
DIRECTIONS SUPPLIED
BY ADVANCED
GASTROENTEROLOGY**