

Your upper endoscopy is scheduled for _____, please arrive at _____.

Your CoPay will be _____. You could receive up to 4 bills if your deductible or coinsurance applies. These bills are for the facility fee, physician fee, labs and anesthesia.

Please call your insurance directly with questions related to your coverage.

If you do not show up for your procedure, you will be responsible to pay a \$120 no show fee.

Your procedure is scheduled at:

The Colonoscopy Center, Lansdale (815 Sumneytown Pike, Suite 110, Lansdale)

The Colonoscopy Center, Sellersville (817 Lawn Ave, Building B – 2nd Building in lot, Sellersville)

Grandview Hospital (700 Lawn Ave, Sellersville)

Einstein Hospital (559 W Germantown Pike, East Norriton)

Your procedure will be performed by Dr. Markos Dr. Lukaszewski Dr. Nam
 Dr. O'Connor Dr. Sun

INSTRUCTIONS FOR YOUR UPPER ENDOSCOPY

DO NOT EAT ANY SOLID FOOD AFTER MIDNIGHT

MORNING OF YOUR PROCEDURE:

Please remember to ***discontinue*** drinking fluids **4 hours** prior to your procedure!
All liquids must be clear, no dairy, and not red or purple in color.

The morning of your procedure you may take your heart and/or blood pressure medication with a ***sip of water*** at least **3 hours prior** to your procedure. If there is not a three hour window please do not take your medication until after your procedure.

Please no smoking the day of your procedure (cigarette, pipe, cigar, e-cigarette, and/or marijuana).

DRIVER NEEDED: If you do not have a driver you will have the option of either having the procedure done without sedation or you may reschedule for another day. Public transportation (cab, public or private transit vehicles, etc) is acceptable after your procedure only if you have a responsible adult to accompany you. An adult must remain with you for the remainder of the day. You are not permitted to drive until the next morning.

Prior to arriving, please review our patient rights and responsibilities at www.cgi-health.com/rights.

If you are unable to access the patient rights and responsibilities (or you would prefer a hard copy), have any questions in regards to the prep, or if you need to change your appointment please contact _____ at 215-257-5071 ext _____.

When you arrive for your procedure, please bring both a photo ID and your insurance card(s) with you. You can expect to be here for approximately 1 ½ hours.

For our female patients between the ages of 18-57: On the day of the procedure you will be asked to provide the date of your last menstrual cycle and asked if there is any chance you could be pregnant. If uncertain, we advise you to take a pregnancy test prior to your arrival or your procedure will be cancelled.

REMINDER: NO FLUIDS WITHIN 4 HOURS OF YOUR PROCEDURE OR YOU MAY BE CANCELLED