

# COLONOSCOPY CHECKLIST

SPRINGFIELD AMBULATORY SURGICAL CENTER (SASC)  
1528 Bethlehem Pike, Flourtown, PA 19031 215.402.0600

**DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_ **am/pm**

**ARRIVAL TIME** \_\_\_\_\_ **am/pm**

- ✓ **BRING WITH YOU:** Allergy and Medication List, Insurance card, Payments, Photo ID, Responsible person, Completed Forms.
  - ✓ **NO SHOWS AND CANCELLATIONS:** \$100.00 FEE if don't show or cancel within 4 business days
  - ✓ **TRANSPORTATION: DIRECTIONS, Address and Phone Number** to SASC are on the back of this page  
**YOU MUST HAVE A RESPONSIBLE PERSON DRIVE YOU TO AND FROM THE PROCEDURE, OR BE WITH YOU IF YOU USE A CAB, BUS OR OTHER TRANSPORTATION SERVICE. THEY MUST STAY AT THE SASC WITH YOU THE ENTIRE TIME, USUALLY ABOUT 1 ½ HOURS.**
    - YOUR PROCEDURE WILL BE CANCELLED with a \$100 fee if your driver is unable to stay.
    - If there is not someone you can rely on, contact our office to arrange the Free Shuttle Service.
  - ✓ **MEDICATION INSTRUCTIONS FOR PROCEDURE: 1 WEEK** before procedure, No FISH OIL, reduce iron pills to once daily
    - You may have received **SPECIAL INSTRUCTIONS for your procedure and SHOULD have if you are on blood thinners, diabetic medicines or diuretic (water pills).** Bring inhalers with you if you have any for lung problems.
    - Otherwise take any medications as you normally would
  - ✓ **BOWEL AND DIET PREPARATION FOR THE PROCEDURE: STARTS ONE WEEK BEFORE PROCEDURE**
    - REFER TO PREPARATION AND DIET HANDOUT FOR DETAILS
    - PRESCRIPTION NEEDED. OBTAIN PREP KIT ONE WEEK BEFORE THE PROCEDURE
  - ✓ **INSURANCE COMPANY REQUIREMENTS REQUIRED BEFORE THE PROCEDURE IS PERFORMED**  
**SURGICAL CENTER RESPONSIBILITY: obtains the Pre-certifications and/or Pre-authorizations**
- PATIENTS RESPONSIBILITIES:**
- **Obtain Insurance Company Referral**
  - **PAYMENT DUE** of any required **Co-Pay, Deductible, or Co-Insurance.** To avoid surprises and/or rescheduling, the Surgery Center will notify you of any out of pocket costs in the days prior to the procedure.
  - **HMO PATIENTS NEED REFERRALS FROM PRIMARY CARE PROVIDER**
    - **AETNA - TWO** separate referrals are needed.
      - Hillmont GI NPI #1952355984, procedure codes 99499 and 88305 with 4 visits
      - Springfield ASC NPI #1780664185, procedure codes 99499 and 88305 with 4 visits
    - **KEYSTONE – TWO** separate referrals are needed.
      - Hillmont GI NPI # 1952355984, procedure codes 99499 and 88305
      - Springfield ASC NPI #1780664185, procedure codes 99499 and 88305
- ✓ **EXPECTED CHARGES:** There may be several different charges depending on your procedure and insurance company
  - FACILITY FEES: Springfield ASC
  - DOCTOR FEES: Hillmont G.I., P.C.
  - ANESTHESIA FEES: Hillmont G.I. CRNA
  - PATHOLOGY FEES: Hillmont G.I., PC., Joshua P. Cantor, MD, and/or CBL Path

**For questions about the procedure, medications or to reschedule your appointment,  
call 215-402-0800 between 9:00AM and 5:00PM**