

GI-ASC LLC 1311 Bristol Pike Suite 130 Bensalem, PA 19020

UPPER GASTROINTESTINAL ENDOSCOPY PREPARATION PACKET

APPOINTMENT DATE: _____

THE NIGHT BEFORE YOUR PROCEDURE DO NOT TAKE ANY FOOD OR LIQUID BY MOUTH AFTER MIDNIGHT. DO NOT HAVE ANY GUM, MINTS OR HARD CANDY THE DAY OF YOUR PROCEDURE. ***

YOU WILL RECEIVE A CALL 2 DAYS BEFORE YOUR PROCEDURE WITH YOUR TIME. IF YOU DO NOT RECEIVE A PHONE CALL BY 2PM THE DAY BEFORE PLEASE CALL THE OFFICE AT: **215-632-3500 Ext 5114**

PLEASE BRING YOUR **MOST RECENT INSURANCE CARD, PHOTO ID, A COPY OF YOUR** VACCINATION CARD & A LIST OF CURRENT MEDICATIONS THE DAY OF YOUR PROCEDURE*

NO SMOKING (CIGARETTES, PIPE, CIGAR, E-CIGARETTE OR MARIJUANA) THE DAY OF YOUR PROCEDURE.

You may not drive home after receiving sedation; therefore, you must have a responsible adult (18 and older) with a valid driver's license to come to our facility & sign you out & escort you home. You may not go home alone in a taxi, shuttle van or bus, as these drivers will not sign you out. We can supply driver services available upon request.

*DO NOT WEAR ANY JEWELRY WE WILL NOT BE RESPONSIBLE FOR ANY LOSS OF VALUABLES FAILURE TO COMPLY MAY RESULT IN CANCELLATION/RE-SCHEDULING OF YOUR PROCEDURE

SPECIAL MEDICATION(S) INSTRUCTIONS:

- PLEASE BRING A LIST OF YOUR CURRENT MEDICATIONS, WITH DOSES THE DAY OF YOUR PROCEDURE
- YOU MAY TAKE CARDIAC, BLOOD PRESSURE, ANXIETY, THYROID & RESPIRATORY MEDICATIONS (INHALERS MAY BE USED) THE MORNING OF YOUR PROCEDURE WITH A SMALL SIP OF WATER.
- THE FOLLOWING MEDICATIONS MAY NEED TO BE STOPPED 5-7 DAYS PRIOR TO YOUR PROCEDURE. PLEASE DISCUSS THIS WITH YOUR PRESCRIBING PHYSICIAN & CARDIOLOGIST:



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- > ARTHRITIS MEDICATIONS (MOTRIN, IBUPROFEN, NAPROSYN, CELEBREX ETC)
- BLOOD THINNERS (COUMADIN, ASPIRIN, PLAVIX, AGGRENOX, ETC)

DIABETIC PATIENTS

PLEASE CHECK WITH THE PRESCRIBING PHYSICIAN OR ENDOCRINOLOGIST FOR SPECIAL INSTRUCTIONS FOR INSULIN OR OTHER DIABETIC MEDICATIONS.

IMPORTANT INFORMATION REGARDING YOUR INSURANCE

Should your physician decide you need diagnostic or preventative Colonoscopy or Endoscopy, your procedure will be performed at GI ASC, LLC. The ambulatory surgical center is licensed by the Commonwealth of Pennsylvania, Accreditation Association for Ambulatory Health Care (AAAHC) and approved by Medicare.

The <u>ambulatory surgical center is an outpatient facility</u>; therefore, your insurance carrier will be billed for <u>a facility fee, physician fee, anesthesia service and pathology</u> if applicable. On the day of your procedure, <u>you will be responsible for any copayments due at the time of service</u>. Once your insurance has been billed <u>you may receive a bill for outpatient co-pay, co-insurance</u> <u>and deductible not satisfied on the calendar year according to your policy</u>. If you have any questions about your insurance benefits, <u>please contact your health insurance company</u> for further information.

If you have questions about a bill or an explanation of benefits you received, please contact the billing department:

- □ GI-ASC Billing Department:
- 215-702-0506
- □ Anesthesia RGI Patient Advocate Team:
- Sarah Padilla @ 717-844-5036
- □ Kelly Buffa @ 717-885-2268

WHAT IS ESOPHAGOGASTRODUODENOSCOPY (EGD)?

Your doctor performs an esophagogastroduodenoscopy (EGD) to examine the lining of your esophagus, stomach, and duodenum. This is NOT a screening test and may be subject to co-pay, co-insurance, and deductible.