

UPPER ENDOSCOPY 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, Photo ID, Payments, 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 ASC 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 PREPARATION FOR THE PROCEDURE:**
 - 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
- ✓ **DIET/PREPARATION FOR THE PROCEDURE:**
 - NO solid food after midnight the night before the procedure until after the endoscopy is done
 - May have small amounts of clear liquids (Tea, coffee without milk or cream, soda, clear juices without pulp, clear broth, water, Gatorade and Jello) up **until 3 hours before the procedure** _____
 - **Nothing in your mouth for 3 hours prior to the procedure** except regular medicines with a sip of water
 - No smoking the day of 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 charges depending on your particular 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**