

COLONOSCOPY CHECKLIST

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

DATE: _____ **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 NOT COVERED** by insurance if you don't show or cancel within 4 business days.
- ✓ **TRANSPORTATION: DIRECTIONS, Address and Phone Number** to the Surgical Center are on a separate 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. DRIVERS MUST STAY LOCALLY THE ENTIRE TIME; THE PROCEDURE USUALLY TAKES ABOUT 1 ½ HOURS TO 2 HOURS.
 - YOUR PROCEDURE WILL BE CANCELLED with a \$100 fee if you don't have a responsible party to drive you.
 - If there is not someone you can rely on, Free Shuttle Service is available-you **MUST** schedule with our office at the time you schedule your procedure.
 - In the event of medical need, you may require hospital admission.
- ✓ **MEDICATION INSTRUCTIONS FOR PROCEDURE: 1 WEEK** before procedure, 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.**
 - Please **cease** all medicinal and recreational smoked or vaporized cannabis(weed) 12 hours prior to procedure. Ingested cannabis and CBD oil must be stopped 8 hours prior to procedure.
 - 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
 - SOME PREPS REQUIRE PRESCRIPTIONS. 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 if one is required by your insurance.**
- **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.
 - Regional Gastroenterology Associates of Lancaster NPI #1154422806, 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.
 - Regional Gastroenterology Associates of Lancaster NPI #1154422806, procedure codes 99499 and 88305
 - Springfield ASC NPI #1780664185, procedure codes 99499 and 88305

**For questions about the procedure, medications or to reschedule your appointment,
call 215-402-0600 between 8:30AM and 4:00PM**