

# UPPER ENDOSCOPY 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, Photo ID, Payments, Responsible person, Completed Forms
- ✓ **NO SHOWS AND CANCELLATIONS:** \$100.00 FEE NOT COVERED by insurance if 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 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.**
  - 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
- ✓ **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 4 hours before the procedure** \_\_\_\_\_
  - **Nothing in your mouth for 4 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.
      - 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**