

ENDOSCOPY CENTER OF INLAND EMPIRE

PATIENT INSTRUCTIONS FOR UPPER ENDOSCOPY (EGD)

Read these carefully **NOW** and review **7 days & 2 days** before your procedure to ensure adequate preparation.

Patient:

Procedure Date:

<input type="checkbox"/>	AM PROCEDURE	<input type="checkbox"/>	PM PROCEDURE	<input type="checkbox"/>	AM/PM PROCEDURE
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The Endoscopy Center will notify you of your exact arrival time the business day before your procedure

PLANNING FOR YOUR PROCEDURE

- **ENSURE CORRECT CONTACT INFORMATION** – If you **HAVE NOT** heard center at **3 business days** prior to your procedure call (951) 304-0200. We will make every attempt to reach you, in the event we are unable to contact you with the information you have provided we will cancel your scheduled procedure.
- **\$100.00 Cancellation Fee** - Failure to give at least a **72 business hours notice** to cancel your procedure will result in a cancellation fee of \$100.00 that must be paid prior to your rescheduled procedure. **See financial policy for rescheduling fee.**
- **YOU MAY NOT DRIVE YOURSELF TO THE CENTER, YOUR DRIVER MUST CHECK IN WITH YOU.** If your driver does not accompany you, your procedure will be cancelled, no exceptions!!
- **INFORM YOUR DRIVER you will you will be at the Endoscopy Center for approximately 1.5 to 3 hours.** The length of stay is based on many variables beyond our control, such as poor prep, findings & necessary interventions. Rest assured we will not rush through your exam just to stay on schedule.
- **Blood Pressure, Heart, & Seizure:** If you normally take these meds in the morning, take with a small sip of water the day of your procedure.
- Wear comfortable clothing; do not wear jewelry, perfume or lotions. **Leave valuables at home.**
- **Bring your Completed Medication Record (included in instruction packet) & your Co-pay.** If you did not preregister with the center in person bring Insurance card & photo ID.

7 DAYS PRIOR TO PROCEDURE

- **Stop taking iron pills or vitamins containing iron.**
- **Stop ASPIRIN** and medications containing aspirin unless otherwise instructed below.
- **Stop taking NSAIDS (Nonsteroidal Anti-inflammatory medications)** such as Mobic, Motrin, Advil, Aleve, Ibuprofen, Celebrex, Indocin, Toradol, Orudis, Relafen, Naprosyn, Naproxen, Feldene, Excedrin w/ aspirin, etc.) * If you are taking a prescribed NSAID medication you may be instructed to stop taking it 3 days prior to exam.

DIABETIC or BLOOD THINNING MEDICATION

- **DIABETIC PATIENTS** – **DO NOT TAKE Oral Diabetic Medication the night before and the morning of your scheduled procedure such as** (Januvia, Glyberide, Glimiperide, Metformin, Actos, Glucotrol, Glipizide, Byetta, Avandia, Diabinese, Micronase, Diabeta, Amaryl, Prandin, Starlix, Glucophage, Pecrose, Glyset)
- **INSULIN DEPENDANT DIABETIC PATIENTS** – Take **ONLY ½ dose of insulin the night before your procedure and do not take the morning of your procedure,** unless otherwise instructed by our physician. * * If needed check with regular MD for specific instructions. (Humulin, Lantus, Novolin, Humalog, etc)
- **BLOOD THINNERS** – **Notify us immediately** if you are taking (Aspirin, Jantoven, Effient (Prasugrel), Pradaxa, Coumadin, Warfarin, Brilinta (Ticagrelor), Plavix (Clopidogrel), Xarelto (rivaroxaban) Aggrenox, Heparin, or Lovenox ****See specific instructions below:**

Blood Test (If this box is checked you must have the test in the morning the day before your procedure)

SEE REVERSE SIDE FOR DAY OF PROCEDURE INSTRUCTIONS

THE MORNING OF YOUR PROCEDURE

IF YOUR ARRIVAL TIME IS BEFORE 11:30 AM

- **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT, NO GUM, MINTS OR LOZENGES THE MORNING OF YOUR PROCEDURE.**

IF YOUR ARRIVAL TIME IS AFTER 11:30 AM

- **You may have clear liquids only after midnight until **8:00am**.**
- **DO NOT EAT OR DRINK ANYTHING AFTER **08:00** including water.**

Clear liquids: Ginger Ale, Sprite, 7Up, Apple Juice, White Grape Juice, Lemonade, Tea/Coffee (no creamer) Tang, Gatorade, Powerade. (**Nothing RED or PURPLE, NO creamer or dairy products**)

- **Bring completed Medication Record & Co-pay.**
- **Take blood pressure, heart, & seizure** medication with small sip of water if normally taken in AM.
- Wear comfortable clothing, do not wear jewelry, perfume or lotions. Leave valuables at home.
- Bring Insurance card & photo ID if you did not preregister with the Endoscopy Center in person.
- **Expect to be at the Endoscopy Center for approximately 1.5 to 3.0 hours.**
The length of stay is based on many variables beyond our control, such as poor prep, findings & therapeutic interventions. Rest assured we will not rush through any procedure just to stay on schedule. If your driver leaves we must be able to contact them to return within 20 minutes of our call.

FOLLOWING YOUR PROCEDURE

- **Do not drive a vehicle, operate any machinery, or sign legal documents until the following day.**
- It is recommended to have someone stay with you after your procedure for assistance.
- The physician will discuss findings and specific instructions with you and your responsible adult; however, due the sedation given, you may not recall the conversation. You will be given specific discharge instructions in writing to review after the sedation has worn off.
- The Endoscopy Center will call you the business day following your procedure to check on you.
- A report will be sent to your primary care physician. If specimens were obtained results usually take 10-14 days to receive. You will be notified of the results and a copy will be sent to your primary MD.

For questions regarding the instructions given you may call the physician office at (951) 600-0288 or the Endoscopy Center (951) 304-0200. If after 5 PM the night before your procedure you may call the physician on call for urgent or emergent matters concerning your procedure.

In the event you need to reschedule your procedure please call the office at least 72 business hours in advance of your scheduled procedure. Failure to notify the office will result in a \$100.00 Cancellation fee which will be collected prior to your rescheduling your procedure. This fee is not covered by insurance.

ENDOSCOPY CENTER OF INLAND EMPIRE
FINANCIAL POLICY

It is the goal of the Endoscopy Center of Inland Empire to provide you with the best possible service before, during and after your procedure. The following are general guidelines our facility has established for our patients regarding the center's billing policy. ***Please review the following:***

1. The center will verify eligibility of insurance benefits. Based on your plans benefits you will be notified in advance if you have a Copay, Co-insurance or have not met your deductible. **The amount quoted is for the Endoscopy Only and due at the time of service.** You will also be responsible for any balance remaining once the claim is processed. **We accept Cash, Debit (Visa or MC logo), Credit Cards and Money orders. We DO NOT accept personal checks over \$50.00.**
2. As a courtesy to our patients, we will file your claim with your insurance company once the procedure is completed. Your insurance company will **process the claim based on the procedure performed and specific findings.** We will notify you of any remaining balance due once the claim is processed. Our relationship is with you, our patient, not your insurance company. Consequently, all charges incurred are your responsibility. If you do not have insurance, arrangements will be made before your procedure, payment is due at the time of service.
3. **SCREENING COLONOSCOPY:** You may have preventative coverage for your colonoscopy, however once the procedure is completed based on the actual findings your insurance company may change the coverage from **preventive screening covered at 100% to a medical procedure, your deductible or co-pay will then apply.** **You will be responsible for the balance due.** Contact your insurance plan for clarification regarding coverage.
4. Many carriers require preauthorization which can take time to obtain. If you have Medicare and have signed up with a medical group preauthorization is required therefore you must inform us at the time of scheduling. **It is your responsibility to inform Endoscopy Center of Inland Empire regarding changes in your insurance coverage before your scheduled procedure. Failure to do so will result in cancellation of your procedure.**
5. **Medi-Cal Insurance:** The Endoscopy Center of Inland Empire **DOES NOT participate in the Medi-Cal program.** It is your choice to have your procedure at the center and in doing so you are accepting responsibility for any co-insurance, co-pay or deductible listed under your primary insurance benefits. **This will be due at the time of service**
6. **Out of Network:** It is your responsibility to know your healthcare coverage benefits and should call member services to see if your facility and/or physicians are considered in network providers for your specific plan. Although we may be contracted with a specific insurance company or Medical Group, we may not be an in-network provider under your specific plan within that company and/or Medical Group.
7. Please understand that there are several components to your services and you will receive a separate bill for each service provided. **You will receive at least one** of the 4 listed below based on the findings and insurance coverage.
 - **FACILITY:** This is for the use of the facility for highly trained nursing staff, equipment and medication used during your procedure. This bill will come from Endoscopy Center of Inland Empire, Inc.
 - **PHYSICIAN FEE:** This is the **fee paid to your doctor for performing the procedure only.** This does not include the office visit or consultation fee. This bill will come from Inland Empire Gastroenterology Medical Group, Inc.
 - **PATHOLOGY FEE:** If tissue biopsies are taken, you may receive a bill from an outside Pathology Service
 - **ANESTHESIA FEE:** You may receive a separate bill from ECIE Anesthesia, LLC depending on insurance coverage.
8. **CANCELLATION / RESCHEDULING FEE \$100.00:** Procedures cancelled without 3 business days (not including Sat. & Sun.) Due to the time required to verify insurance eligibility and preparation procedures that have rescheduled more than 3 times (within 7 days of procedure) will incur a \$100 fee. This must be paid before rescheduling the procedure.
9. While we are pleased to assist you with your insurance, the obligation for payment of our fees remains that of the patient or responsible party. Although we are contracted with many insurance companies, ours may not be within your network and you may be responsible for additional fees than with that of a contracted facility. Please contact your insurance if you are unaware of your individual policy restrictions and benefits. The obligation to assure payment in a timely manner lies with you regardless of what your insurance company chooses to do. Delinquent accounts will be turned over to a collection agency and **YOU** will be responsible for any collection fees incurred.
10. **RELEASE OF INFORMATION:** I hereby authorize Endoscopy of Inland Empire to release information to my insurance company with regard to all treatment as is necessary to obtain payment for services and to review activity related to the provider's participation with my insurance plan. I assign all benefits, to which the patient or insured is entitled for my treatment and medical services provided to me, to be paid directly to Endoscopy Center of Inland Empire. I accept financial responsibility for any and all charges incurred by me that are denied or not covered by my medical insurance. I acknowledge I am bound to pay for services rendered, including all costs of collection and reasonable legal fees should collection become necessary.

We will do our best to keep you informed and encourage you to communicate with us on any questions, concerns or misunderstandings with your account. Our facility billing number is **951-256-4360**.

THIS CONSENT IS FOR YOUR REVIEW ONLY. YOU WILL BE ASKED TO SIGN ONE UPON ADMIT.

Endoscopy Center of Inland Empire Consent for Gastrointestinal Endoscopy

Explanation of Procedure

Direct visualization of the digestive tract with lighted instruments is referred to as gastrointestinal endoscopy. Your physician has advised you to have this type of examination. The following information is presented to help you understand the reasons for and the possible risks of these procedures.

At the time of your examination, the lining of the digestive tract will be inspected thoroughly and possibly photographed. If an abnormality is seen or suspected, a small portion of tissue (biopsy) may be removed or the lining may be brushed. These samples are sent for laboratory study to determine if abnormal cells are present. Small growths (polyps), if seen, may be removed. To keep you comfortable during the procedure, you will receive medication defined as Moderate or Deep Sedation.

Brief Description of Endoscopic Procedures

1. **EGD (Esophagogastroduodenoscopy):** Examination of the Esophagus, stomach, and duodenum. If active bleeding is found, coagulation by heat may be performed.
2. **Esophageal Dilation:** Dilating tubes or balloons are used to stretch narrow areas of the esophagus.
3. **Dilation:** Dilating tubes or balloons are used to stretch narrow areas of the esophagus or colon
4. **Variceal Banding:** Placement of a latex (rubber) band around the varices to reduce the flow of blood to the vein, thus preventing further bleeding.
5. **Flexible Sigmoidoscopy:** Examination of the anus, rectum and left side of the colon, usually to a depth of 60 cm.
6. **Colonoscopy:** Examination of all or a portion of the colon. Older patients and those with extensive diverticulosis are more prone to complications. Polypectomy (removal of small growths called polyps) is performed, if necessary, by the use of a wire loop and electric current. Colonoscopy, like any other tests, is not perfect and polyps or tumors can be missed. The accuracy of the test varies with the quality of the preparation and the size of any polyp or tumor that could be present. The smaller the polyp the more likely it is to be missed. Therefore, after your Colonoscopy, if you develop any recurring or new symptoms of the lower gastrointestinal tract, such as lower GI bleeding, you should bring them to the attention of your physician immediately.

Principal Risks and Complications: Gastrointestinal endoscopy is generally a low risk procedure. However, all of the following complications are possible. Your physician will discuss their frequency with you, if you desire, with particular reference to your own indications for gastrointestinal endoscopy. **YOU MUST ASK YOUR PHYSICIAN IF YOU HAVE ANY UNANSWERED QUESTIONS ABOUT YOUR TEST.**

1. **Perforation:** Passage of the instrument may result in an injury to the gastrointestinal tract wall with possible leakage of gastrointestinal contents into the body cavity. If this occurs, surgery to close the leak and/or drain the region is usually required.
2. **Bleeding:** Bleeding, if it occurs, is usually a complication of biopsy, Polypectomy or dilation. Management of this complication may consist only careful observation, or may require transfusions, repeat endoscopy to stop the bleeding or possibly a surgical operation.
3. **Sedation/Medicine Reaction:** I understand that sedation involves additional risks and hazards but request the use of sedation for the relief and protection from pain during the procedure(s). I understand that certain complications may result from the use of sedation including respiratory problems or drug reactions. This procedure may be uncomfortable; we will make every attempt to sedate you. We however cannot guarantee that you will be pain free. Medications given may also irritate the vein in which they are injected. **I acknowledge that I am not to drive a motor vehicle before tomorrow.**
4. **Other Risks:** These include drug reactions, and complications from other diseases you may already have. Serious or fatal complications from endoscopy are extremely rare. You must inform your physician of all your allergic tendencies and medical problems

Alternatives to Gastrointestinal Endoscopy: Although GI endoscopy is an extremely safe and effective means of examining the gastrointestinal tract, it is not 100 percent accurate in diagnosis. In a small percentage of cases, a failure of diagnosis or misdiagnosis may result. Other diagnostic or therapeutic procedures, such as medical treatment, x-ray and surgery are available. Another option is to choose no diagnostic studies and/or treatment. Your physician will be happy to discuss these options with you.

ADVANCED MEDICAL DIRECTIVES: Please note that Advanced Medical Directives will not be honored within the Center and that in the event of a life threatening event, emergency medical procedures will be implemented; the patient stabilized and transferred to an acute health care facility where the decision to continue or terminate emergency measures can be made by the attending physician and family.

OTHER CONSENTS: In the event the physician or staff is exposed to my blood, body fluids or contaminated materials, I agree to allow testing that will determine the presence of HIV and Hepatitis. An accredited laboratory, at no cost to me, will perform all required laboratory tests.

OWNERSHIP: I am aware that Dr. Ardigo, Dr. Hurwitz and Dr. Dinh have an ownership interest in The Endoscopy Center. If I choose to go to another health care facility for this procedure, it will have no effect upon my relationship with my doctor.

I certify that I understand the information regarding gastrointestinal Endoscopy procedure(s). I have been fully informed of the risks and possible complications of my procedure(s). I hereby authorize and permit [] **Dr. G. Ardigo** [] **Dr. L. Hurwitz** [] **Dr. J. Dinh** to perform the following:
[] **ESOPHAGOGASTRODUODENOSCOPY with Possible biopsy, polypectomy, and/or dilation** [] **FLEXIBLE SIGMOIDOSCOPY, poss. Biopsy**
[] **COLONOSCOPY with possible biopsy, polypectomy** [] **EGD with Percutaneous Endoscopic Gastrostomy Tube Placement**

If any unforeseen condition arises during this procedure calling for additional procedures in the physician's judgment, treatments or operations, I authorize him to do whatever he deems advisable. I am aware that the practice of medicine is not an exact science, and I acknowledge that no guarantees have been made to me concerning the result of this procedure.

BRING THIS WITH YOU THE DAY OF YOUR PROCEDURE

Please complete the following medication record including dose, frequency and reason for taking. Although you may have informed the physician's office of the medication you are taking this form needs to be completed and brought with you to the Endoscopy Center. The nurse will review this with you upon admission to ensure there are no meds that may interfere with your procedure or sedation to ensure the safest patient care and outcome.

MEDICATION RECONCILIATION RECORD

Medication List provided by patient or patient representative

Medication List provided by patient/pt.rep. include prescribed and OTC , herbals, vitamins, nutritional supplements, and alternative therapy

Medication/Vitamin/Supplement Name	Dose Mg/Mcg (Qty)	Frequency	Reason for taking	Last dose taken

Allergies, include reaction type: