



817 Lawn Ave, Sellersville, PA 18960 www.cgi-health.com

Your colonoscopy is scheduled for _____. Please arrive at _____.

Your procedure will be performed by Dr. Kucer Dr. Markos Dr. Lukaszewski

When arriving, please report to BUILDING B, which is the 2nd building in the complex.

Attached you will find the instructions for your bowel prep.

Also included is a worksheet to assist you in determining your financial responsibility when you contact your insurance company.

Prior to arriving at our facility, please review our patient rights and responsibilities at www.cgi-health.com/rights.

If you are unable to access the patient rights and responsibilities (or you would prefer a hard copy), have any questions in regards to the prep, or if you need to change your appointment please contact _____ at 215-257-5071 ext _____.

When you arrive for your procedure, please bring both a photo ID and your insurance card(s) with you. You can expect to be here for approximately 1 ½ hours.

For our female patients between the ages of 18-57: On the day of the procedure you will be asked to provide the date of your last menstrual cycle and asked if there is any chance you could be pregnant. If uncertain, we advise you to take a pregnancy test prior to your arrival or your procedure will be cancelled.

Colonoscopy – What you need to know!

Diagnostic/Therapeutic Colonoscopy CPT Code: 45378 Diagnosis: _____
Patient has past and/or present symptoms, colon polyps, or gastrointestinal disease

Surveillance/High Risk Colonoscopy CPT Code: G0105 Diagnosis: _____
Patient has a personal and/or family history of colon polyps, gastrointestinal disease, or cancer. Patients in this category are required to undergo colonoscopy surveillance at shortened intervals (e.g. every 2-5 years)

Preventative Colonoscopy CPT Code: G0121 Diagnosis: _____
Patient is over the age of 50, has no personal or family history of colon polyps, gastrointestinal disease, or cancer. The patient has not undergone colonoscopy within the last 10 years.

Who will bill me? You may receive bills from separate entities associated with your procedure, such as the physician, facility, anesthesiologist, pathologist, and/or laboratory. The Center for GI Health and Endoscopy Center can only provide you with our fees.

How will I know what I owe? Call your insurance carrier and verify your benefits and coverage by asking the following questions. Codes for your procedure are listed above. In order to correctly estimate your financial obligation, you will need to give them these codes.

1. Is the procedure and diagnosis covered under my policy? YES NO
2. Will the diagnosis code be processed as preventative, surveillance or diagnostic and what are my benefits for that service? (Benefits vary based on how your insurance company recognizes the diagnosis).

Diagnostic/Medically Necessary Benefits

Deductible: _____ Co-Insurance Responsibility: _____ Is
the facility in Network? YES NO

Screening/Preventative/Wellness/Routine Colonoscopy Benefits:

Are there age and/or frequency limits for my colonoscopy NO YES, limits _____
(e.g. one every 10 years after the age of 50 or one every 2 years for personal history of polyps)

Deductible: _____ Co-Insurance Responsibility: _____

3. If the physician removes a polyp, will this change your out of pocket responsibility? (A biopsy or polyp removal may change a screening benefit to a medically necessary benefit. Carriers vary on this policy. You may owe more out of pocket expenses.) YES NO

Representatives Name: _____ Call Reference #: _____ Date: _____

Can the physician change, add, or delete my diagnosis so that I can be considered a colon screening? NO. The patient encounter is documented as a medical record from the information you have provided as well as an evaluation and assessment from the physician. It is a binding legal document that cannot be changed to facilitate better insurance coverage.

THE PREP

PRIOR TO YOUR PROCEDURE

PLEASE PURCHASE the following items over the counter at your pharmacy:

2 Dulcolax Laxative Tablets (not stool softener)
238 gram Miralax bottle

If you are DIABETIC, please consult with the physician who regulates your medication so that they make the proper adjustments while you are on a liquid diet the day before your procedure.

THE DAY PRIOR TO YOUR PROCEDURE

You may have a LIGHT breakfast up to 9:00am.

The remainder of the day **NO SOLID FOOD IS TO BE EATEN**

The following clear liquids are acceptable the day prior to your procedure: soup broth, bouillon soup, soda, iced tea, hot tea, black coffee (no milk, cream or non-dairy coffee additives, sugar is ok), water, ***non-red*** colored juices (i.e. apple, white grape, white cranberry), strained lemonade, ***non-red*** colored Kool Aid, Gatorade, Crystal Light, popsicles without ice cream, Italian water ice, and Jell-O.

Medications may be taken as usual on this day.

MORNING OF YOUR PROCEDURE

At 5:00 AM, take 2 Dulcolax tablets with water and mix a 238 gram bottle of Miralax in 64 oz. container of a chilled non-red liquid. Drink HALF of the container in 8 oz. increments every 10-15 minutes.

At 8:00 AM, begin drinking the remaining solution in 8 oz. increments every 10-15 minutes until gone. Please discontinue drinking any liquids after the mixture is gone.

You may take your heart and /or blood pressure medication at this time if necessary.

DRIVER NEEDED

If you do not have a driver you will have the option of either having the procedure done without sedation or you may reschedule for another day. Public transportation (cab, public or private transit vehicles, etc) is acceptable after your procedure **only** if you have a responsible adult to accompany you. An adult must remain with you for the remainder of the day. You are not permitted to drive until the next morning.