

**COLON PREPARATION INSTRUCTIONS**

**COLONOSCOPY**

Patient's Name: \_\_\_\_\_

Appointment Date: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

Location: St. Thomas Medical Plaza, Suite 309 W \_\_\_\_\_

**ATTENTION:** Please read this packet in its entirety prior to prepping for you procedure.

**A BROKEN APPOINTMENT IS A LOSS TO EVERYONE.  
PLEASE GIVE US 48 HOURS NOTICE TO AVOID  
ADDITIONAL CHARGES AND ALLOW THIS TIME TO  
BE OFFERED TO SOMEONE ELSE.**

If you have had a colon x-ray and the doctor has not seen it, please bring it with you.


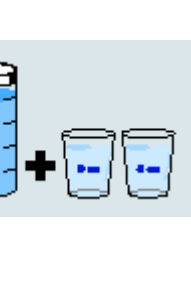

Bring someone with you to the doctor's office the day of the test. You will be sedated during the test and will need someone to drive you home. **Please bring a responsible adult with you who can stay in the office waiting area during the procedure.** Please plan on staying with us for 2-4 hours. This person will sit with you after the test while you are waking up and will help you in remembering what the doctor tells you. **Do not drive or operate machinery until the next day because the medication we give you will make you sleepy and legally intoxicated.**

If you have a Living Will, please bring a copy with you so that it may become a part of your permanent record.

# COLONOSCOPY INSTRUCTION USING MOVIPREP

**MoviPrep** is a laxative that cleans out your colon before a colonoscopy. The **MoviPrep** kit contains 2 packages and a mixing container. Each package contains 1 pouch A and 1 pouch B. Following the instructions below, you will use all 4 pouches to complete your prep. You must complete the entire prep to ensure the most effective cleansing.

It is important that you follow your physician's instructions regarding consumption of clear liquids before your colonoscopy. See accompanying page for clear liquid recommendations.

<p><b>INSTRUCTION FOR MIXING YOUR MOVIPREP SOLUTION</b></p> <ol style="list-style-type: none"><li>1. Empty 1 pouch A and 1 pouch B into the disposable container.</li><li>2. Add lukewarm water to the tip line of the container. Mix to dissolve. If you prefer, the solution can be refrigerated before drinking. The solution should be used within 24 hours.</li></ol>	
<p><b>FIRST DOSING REGIMEN – EVENING PRIOR TO EXAM – START TIME 6 PM</b></p> <ol style="list-style-type: none"><li>3. The MoviPrep container is divided by 4 marks. Every 15 minutes, drink the solution down to the next mark (approximately 8 ounces), until the full liter is complete. You may start going to the bathroom after only a couple of glasses, but be sure to drink <b>ALL</b> of the solution. Take 2 Dulcolax tablets.</li><li>4. Drink an additional <b>16 ounces</b> of the acceptable clear liquid of your choice. This is a necessary step to ensure adequate hydration and an effective prep.</li><li>5. Prepare the second container of MoviPrep by repeating steps 1 and 2.</li></ol>	
<p><b>SECOND DOSING REGIEMEN – DAY OF EXAM – START TIME, 5 HRS PRIOR TO ARRIVAL</b></p> <ol style="list-style-type: none"><li>6. The MoviPrep container is divided by 4 marks. Every 15 minutes, drink the solution down to the next mark (approximately 8 ounces), until the full liter is complete. Take 2 Dulcolax tablets.</li><li>7. Drink an additional <b>16 ounces</b> of the acceptable clear liquid of your choice. You may start going to the bathroom after only a couple of glasses, but be sure to drink <b>ALL</b> of the solution.</li><li>8. Make an effort to drink additional clear liquids 4 hours prior to arrival. At that point, it is important that you do not consume anything until after your colonoscopy.</li></ol>	

You must complete the entire prep to ensure the most effective cleansing.

## SAFETY CONSIDERATIONS

**MOVIPREP® (PEG-3350, sodium sulfate, sodium chloride, potassium chloride, sodium ascorbate and ascorbic acid for oral solution) is indicated for cleansing of the colon as a preparation for colonoscopy in adults 18 years of age or older.** MOVIPREP is contraindicated in patients who have had a severe hypersensitivity reaction to any of its components. MOVIPREP should be used with caution in patients using concomitant medications that increase the risk of electrolyte abnormalities, in patients with known or suspected hyponatremia, severe ulcerative colitis, ileus, gastrointestinal obstruction or perforation, gastric retention, toxic colitis, toxic megacolon, or glucose-6-phosphate dehydrogenase deficiency. In clinical trials, abdominal distention, anal discomfort, thirst, nausea, and abdominal pain were the most common adverse reactions to MOVIPREP administration. MOVIPREP contains a maximum of 2.33 mg of phenylalanine per treatment.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch), or call 1-800-FDA-1088.

If you have additional questions, please consult with your physician or refer to the full Prescribing Information at [www.salix.com](http://www.salix.com).

## COLONOSCOPY INSTRUCTION USING MOVIPREP

You have been scheduled for a colonoscopy. This is an examination of your large intestine (colon). A long flexible tube (colonoscope) will be inserted into your rectum and passed through your colon. Your colon will be examined in detail. Additional procedures may be performed, such as taking tissue samples (biopsies) and removing polyps.

**Please read all of the instructions ahead of time so you are adequately prepared for this procedure.**

### AT LEAST 5 DAYS BEFORE YOUR PROCEDURE

Purchase 1 **MoviPrep®** (PEG-3350, sodium sulfate, sodium chloride, potassium chloride, sodium ascorbate and ascorbic acid for oral solution) kit from your pharmacist using the prescription provided by your physician. If you tend to get constipated, or sometimes use a laxative, talk to your physician. Schedule a ride home from the colonoscopy.

**Additional instructions from you healthcare provider**

### 1 DAY BEFORE YOUR PROCEDURE

Do not eat solid food unless instructed by your physician. To help prevent dehydration, it is important to drink plenty of clear liquids.

**Additional instructions from you healthcare provider**

### CLEAR LIQUID RECOMMENDATIONS FROM YOUR HEALTHCARE PROVIDER

Water, ice, carbonated beverages, (Sprite, 7-UP, Ginger Ale) consommé, beef or chicken broth, apple juice, grape juice, lemonade, black coffee (no cream), Gatorade, non red Jello, non red popsicles. All things you can see through that do not contain red food coloring, no beverages containing alcohol

### SPECIAL INSTRUCTIONS FROM YOUR HEALTHCARE PROVIDER

#### YOUR APPOINTMENT

**Time/Date**

#### Location

St. Thomas Medical Plaza, Suite 309 West

**Employee signature** \_\_\_\_\_

**Patient signature** \_\_\_\_\_

**If you have any questions, please contact our office at 615-383-0165**

## **CLEAR LIQUIDS**

WATER

ICE

TEA

CARBONATED BEVERAGES (SPRITE, 7UP, GINGER ALE)

CONSOMME

CLEAR BOULLION

BROTH -- BEEF OR CHICKEN

APPLE JUICE

GRAPE JUICE

LEMONADE

COFFEE (NO CREAM)

GATORADE

JELLO -- NOT RED

POPSICLES -- NOT RED

NO BEVERAGES CONTAINING ALCOHOL

All things you can see through---nothing with red food coloring

Dear Patient and Family Member or Friend:

We know that your time is valuable. We will do everything we can to minimize excessive waiting; most examinations require a stay of 2-4 hours. However, we want you to understand the process of the endoscopic examination and our goal for our patients,

In the not so distant past, these examinations were mostly done in the hospital and took much longer because of the hospital process. Now, less time is required by using our endoscopy center. While we try to complete the examinations in a timely fashion, safety is our main concern.

PLEASE PLAN ON STAY IN OUR OFFICE FOR THE ENTIRE DURATION OF THE PROCEDURE.

Your relative or friend must first be prepared for the examination. The nurse will obtain an important medical history which includes a review of medications and vital signs. This information is again reviewed by the physician. Once the physician is satisfied with the patient's preprocedure condition, the patient will be carefully sedated (or lightly put to sleep) for the procedure. Then the examination is done. In some cases, biopsies will be obtained. The patient is taken to our recovery room area where he/she is carefully monitored until they are fully conscious and may go home with you safely. Depending on the age and health of the patient, this process is variable for optimal safety and well being of the patient.

We hope this alleviated your concerns about any possible delays. Check with our receptionist if you leave the waiting room and immediately upon your return.

If you have any questions, please ask. We are here to provide safe and appropriate care for your loved ones.

Thank you.

## **TO OUR PATIENTS – COSTS/INSURANCE**

It is our desire at our St. Thomas office to make our patients as comfortable as possible in every area of their care. To assist with this effort, we would like to answer any questions you might have regarding payment of your bill. In most instances, insurance will cover a large portion of your charge. We do, however, expect all deductibles and co pays to be paid at the time of service. In all instances, we will be glad to file your insurance on your behalf. Once your insurance is filed, you will receive statements to help you stay aware of the status of your bill. We will assist you with suitable payment arrangements if you cannot pay the remaining amount in full. We encourage you to follow up with your insurance company if they have not paid in a timely manner. Please present to us all of your insurance information (primary and secondary) prior to your appointment and notify us of any PRECERTIFICATION requirements. This is very important if we are to file your insurance correctly and receive a timely response.

### **IMPORTANT NOTICE: PLEASE READ**

A broken appointment is a loss to everyone. If you are unable to keep your appointment, please call to cancel or reschedule as soon as possible, thus allowing this time to someone else. The office **requires at least 48 hours notice** of cancellations. If you do not cancel your appointment at least 48 hours prior to its scheduled time, you may be assessed a charge of up to \$200.00 for that time slot.

It is also important to us that we assist you with any questions you may have to make your care as worry-free as possible. If you have any questions regarding billing, we encourage you to contact Kimberly Fleet at 615-321-1746.

It is our goal to provide quality care to our patients first and foremost.

## IMPORTANT INFORMATION

### SOUTHERN ENDOSCOPY CENTER MIDSTATE ENDOSCOPY CENTER NASHVILLE GASTROINTESTINAL ENDOSCOPY CENTER

The doctors, nurses and staff of Southern Endoscopy Center, Midstate Endoscopy Center, and Nashville Gastrointestinal Endoscopy Center appreciate the confidence you have placed in us. Your physician has chosen one of the finest facilities of its kind for your medical care and treatment.

All of our facilities have been approved and certified by the State of Tennessee and by Medicare as a "licensed Surgical Center." This certification means that the medical care you receive at the Southern Endoscopy Center, Midstate Endoscopy Center, and Nashville Gastrointestinal Endoscopy Center is at least equal to and often better than the care you would receive at a hospital.

Our facility is very convenient for you and the physician. You have a simple registration process and the physician has more time to spend with you, the patient. We have staff dedicated to personalized care during the procedure, recovery and in the step-down room.

Our facility will bill you a facility fee separately from the physician's fee for the use of the facility. This facility fee covers the cost of endoscopes, safety and other medical equipment, registered nurses, and other personnel necessary for your procedure.

Our facilities participate with most insurance and network plans. You may have co-pays or deductibles due at the time of your office visit or procedure. Your statement will be separate from your physician fee statement.

A broken appointment is a loss to everyone. If you are unable to keep your appointment, please call to cancel or reschedule as soon as possible, thus allowing this time to someone else. This office **requires at least 48 hours notice of cancellation. If you do not cancel your appointment at least 48 hours prior to its scheduled time, you may be assessed a charge of up to \$200.00 for that time slot.**

We would be happy to discuss this and any other matter with you before a service is rendered. We want you to be completely satisfied that the care you receive at the Southern Endoscopy Center, Midstate Endoscopy Center, and Nashville Gastrointestinal Endoscopy Center is of the highest quality.

Your bill for anesthesia, if given by the anesthesiologists and/or CRNA, will be separate from that of your physician performing the procedure. If your procedure is covered by insurance, the anesthesiologists' office will bill our insurance claims based on the information you provide.

Pathology, should you have biopsies done during your procedure, may be billed by Nashville Gastrointestinal Specialists, Inc., depending on your specific insurance coverage. The pathology specimens are sent to either Laboratory Corporation of America or Quest Diagnostics, Inc., LabCorp is located at 1400 Donelson Pike, Suite 810, Nashville, Tennessee 37217. Quest Diagnostics, Inc. is located at 1777 Montreal Circle, Tucker, Georgia, 30084. We are charged a rate of \$17.00. Reimbursement is used to recover the cost of billing, handling, interpretation, and other expenses incurred by Nashville Gastrointestinal Specialists, Inc. In caring for you, our goal has been to set our fees at levels lower than the community average for similar services. We are delighted to be able to pass these savings on to you.

## INSURANCE ISSUES

Due to the increasing changes in health insurance coverage's with HMOs, PPOs and other variances, we feel it necessary to try to keep you informed of the patient's responsibilities to ensure maximum coverage by your insurance, thus reducing your out of pocket expense. The following information will cover a few major, but often misunderstood issues. You can obtain more information from your insurance company or employer.

### REFERRALS

A referral from your primary care physician (PCP) is necessary with many popular insurance options such as HMOs. Your primary care physician will normally have to send our office a valid referral that has been approved by your insurance company before we can provide any service to you. It is advantageous for you to call your PCP and ensure that a proper referral has been made and how many visits have been authorized by your insurance company. It is your responsibility to notify your PCP if your referral needs more visits. Our office will contact the PCP whenever possible to obtain a referral as a courtesy to our patients, but you need to be involved.

### PRECERTIFICATION

Like referrals, a number of insurance plans require that services such as outpatient surgeries, inpatient admissions, and outpatient medial therapies be precertified. Our office also does this as a courtesy to our patients. The final responsibility is to the patient. A number of tests and procedures that you may need to properly treat and diagnose you may require precertification. Please feel free to ask us any questions you may have, or you may contact your insurance company.

### NETWORKS

As you are aware, most insurance plans have networks of physicians and facilities benefits may be greater. The most common of these are Preferred Provider Organizations (PPO). We are members of most local PPOs and will be happy to care you in the event we are not in the network, though the costs to you may be greater.

We hope that this will be helpful to you to understand some of the insurance issues with which we are faced. The more you understand your particular insurance policy, the more effectively you can use it to reduce your health care costs. We encourage you to be an active participant in your plan to help us all provide better services to you.