



GASTROINTESTINAL MEDICINE ASSOCIATES, INC.

www.GIMEDRI.com

THOMAS H. McGREEN, M.D. ■ ROBERT WOLFGANG, D.O. ■ MORRIS P. ELEVADO, M.D. ■ ROBERT J. BIERWIRTH, M.D. ■ COLIN M. WOODARD, D.O.
DEIRDRE E. SMITH, APRN, CNP ■ LAUREN M. GALLAGHER, APRN, CNP ■ KAREN SCHAFFRAN, APRN, CNP

PLEASE READ ALL OF THE ENCLOSED INSTRUCTIONS:

NAME _____

Your Esophageal Manometry is scheduled at South County Hospital (100 Kenyon Avenue, Wakefield, RI 02879)

ON _____ ARRIVE AT _____

Please report to the main entrance of the hospital (underneath the dome) and see the volunteers at the information desk. They will escort you to the endoscopy center waiting area.

You will not be sedated for this procedure and therefore do not need to a driver to bring you home.

DO NOT HAVE YOUR SUPPER AFTER 7 PM THE NIGHT BEFORE THE PROCEDURE. YOU MAY HAVE CLEAR LIQUIDS FROM 7 PM UNTIL MIDNIGHT. DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT THE EVENING BEFORE THE PROCEDURE.

*******CLEAR LIQUID DIET*******

SOUPS: clear broth, bouillon BEVERAGES: tea, coffee, Kool-Aid, carbonated beverages. Do not use milk or cream in your coffee or tea. JUICES: white cranberry, apple, white grape, strained lemonade—any juice that you can see through and has no pulp is acceptable, except for red juices. DESSERTS: Italian ice, popsicles, Jell-O (except red).

THE USE OF BLOOD THINNING MEDICATIONS OR ANTI-COAGULANTS, SUCH AS COUMADIN, PLAVIX, AGGRENOX, ELIQUIS, PRADAXA ETC. SHOULD BE DISCUSSED WITH THE MEDICAL PROVIDER PRIOR TO THE EXAM, YOU WILL BE GIVEN INSTRUCTIONS REGARDING THESE MEDICATIONS. IF YOU ARE TAKING ASPIRIN, PLEASE DO NOT STOP IT PRIOR TO THE PROCEDURE, UNLESS OTHERWISE INSTRUCTED.

- YOU WILL NEED TO BRING A LIST OF YOUR MEDICATIONS & DOSAGES AND A LIST OF ALLERGIES AND TYPES OF REACTION TO THE HOSPITAL THE DAY OF THE PROCEDURE.
- PATIENTS NEED TO BRING THEIR READING GLASSES AND HEARING AIDS ON THE DAY OF THE PROCEDURE.
- WEAR COMFORTABLE CLOTHING AND LEAVE VALUABLES AT HOME

** IF YOU HAVE ANY QUESTIONS REGARDING THESE INSTRUCTIONS, PLEASE CONTACT THE OFFICE.

WE REQUIRE A 48 HOUR NOTICE IF YOU CANNOT MAKE YOUR APPOINTMENT FOR A PROCEDURE; OTHERWISE, THERE WILL BE A CHARGE OF \$100.00

If you have any questions or concerns, please call 401-943-1303 or 401-789-1860 Extension: _____

V1.0



GASTROINTESTINAL MEDICINE ASSOCIATES, INC.

www.GIMEDRI.com

THOMAS H. McGREEN, M.D. ■ ROBERT WOLFGANG, D.O. ■ MORRIS P. ELEVADO, M.D. ■ ROBERT J. BIERWIRTH, M.D. ■ COLIN M. WOODARD, D.O.
DEIRDRE E. SMITH, APRN, CNP ■ LAUREN M. GALLAGHER, APRN, CNP ■ KAREN SCHAFFRAN, APRN, CNP

ATTN Patients:

All Procedures:

When you have an insurance plan with a deductible, we generally require advance payment before scheduling a procedure (unless prior arrangements have been made). This deposit is an estimate, the actual cost may be more or less depending on how your insurance plan processes the claim.

Screening Colonoscopy Information:

Our policy is to not collect a deposit for colonoscopies because the deductible may not apply due to screening benefits. Generally, insurance companies will cover a routine screening colonoscopy, and repeat procedures for personal histories of colon polyps, family history of colon polyps or cancer; which may be covered due to the high-risk factors. However, depending on the reason and type of colonoscopy done you may still be responsible for any balance. If a colonoscopy is scheduled for any other reason, it will then be considered a diagnostic colonoscopy and may apply to your deductible or out of pocket costs at the time of the procedure.

Before you have your colonoscopy (screening or otherwise), ask your insurance company how much (if anything) you should expect to pay for it. Find out if this amount could change based on what's found during the test. For example, ask your plan if a screening colonoscopy can become diagnostic; meaning that if a biopsy is taken during the procedure, will your responsible portion for the procedure change. This can help you avoid surprise costs.

PLEASE CHECK WITH YOUR INSURANCE COMPANY FOR BENEFIT DETAILS REGARDING YOUR PROCEDURE. THIS MUST INCLUDE BENEFITS FOR THE HOSPITAL OR FACILITY WHERE YOUR PROCEDURE IS SCHEDULED.

If you have any questions, please contact our billing department at 401-943-1300.

Thank You,

Billing Department