



# GASTROINTESTINAL MEDICINE ASSOCIATES, INC.

www.GIMEDRI.com

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**PLEASE READ ALL OF THE ENCLOSED INSTRUCTIONS AND MAKE SURE YOU HAVE OBTAINED THE DATE/TIME/LOCATION AND ANY OTHER NECESSARY INFORMATION FROM OUR OFFICE:**

NAME: \_\_\_\_\_

YOUR **UPPER ENDOSCOPY (EGD)** IS SCHEDULED AT (Facility): \_\_\_\_\_

ON: \_\_\_\_\_ ARRIVE AT: \_\_\_\_\_

ADDITIONAL INFORMATION GIVEN BY OUR OFFICE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 FROM MIDNIGHT ON UNTIL AFTER 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 A DRIVER THE DAY OF THE PROCEDURE. Uber/Lyft/MTM/LogistiCare/RIDE/Kaizen/a cab or limousine IS NOT ACCEPTABLE UNLESS ACCOMPANIED BY A COMPANION. A DRIVER of a NON-MEDICAL rideshare DOES NOT COUNT as a companion. You will need to provide the phone number and name of your companion when you arrive at the facility.**

- 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.

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

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

**\*\*\*PLEASE SEE THE REVERSE SIDE FOR ADDITIONAL INFORMATION\*\*\***



**Starting 10/03/2022 - GIMEDRI may cancel unconfirmed appointments to meet the healthcare needs of our community.**

**When a procedure is scheduled:**

1. You will receive a set of instruction sheets with the appointment date and time on it either in person or in the mail
2. You will receive a confirmation call a MINIMUM of three (3) days ahead of time to confirm the appointment, and that you have your necessary prep and instructions

**IF WE DO NOT RECEIVE A RETURNED CALL FROM YOU TWO (2) BUSINESS DAYS BEFORE THE PROCEDURE OR OFFICE VISIT, THIS IS CONSIDERED AN UNCONFIRMED APPOINTMENT, AND THE SPOTS WILL BECOME AVAILABLE FOR OTHER PATIENTS.**

**Information For Patients Regarding Procedure Billing:**

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 ext. 311.

Thank You,  
Billing Department