

Advanced Gastroenterology of Bergen County, P.A.

Gastroenterology ♦ Hepatology ♦ Gastrointestinal Endoscopy

Richard K. Chessler, M.D.

Barry M. Zingler, M.D.

Mitchell K. Spinnell, M.D.

Michael E. Meininger, M.D.

Marc A. Fiorillo, M.D.

140 Sylvan Avenue.
Suite 101-A-101B
Englewood Cliffs, NJ 07632

Main Tel: 201-945-6564

Fax: 201-461-9038

Procedure Scheduling:

201-346-9912

Billing Inquiries:

201-461-5439

YOUR APPOINTMENT IS SCHEDULED FOR:

DATE: _____ TIME: _____
To Register

DR: _____

LOCATION: ENGLEWOOD HOSPITAL OUTPATIENT-REGISTRATION

ATTENTION PATIENTS:

PLEASE READ THE ENTIRE CONTENTS OF THIS
PACKAGE AT LEAST **1** WEEK PRIOR TO YOUR
APPOINTMENT!!

FAILURE TO DO SO MAY RESULT IN
PROBLEMS WITH YOUR SCHEDULED
APPOINTMENT.

Advanced Gastroenterology of Bergen County, P.A.

Gastroenterology ♦ Hepatology ♦ Gastrointestinal Endoscopy

Richard K. Chessler, M.D.

Barry M. Zingler, M.D.

Mitchell K. Spinnell, M.D.

Michael E. Meininger, M.D.

Marc A. Fiorillo, M.D.

140 Sylvan Avenue
Suite 101A-101B
Englewood Cliffs, NJ 07632

Main Tel: 201-945-6564

Fax: 201-461-9038

Procedure Scheduling:
201-346-9912

Billing Inquiries:
201-461-5439

Dear Patient:

You are scheduled to have an Endoscopic procedure at Englewood/Holy Name Hospital. There is a fee for the use of this facility, as well as a separate fee for physician's services. Please note that these procedures are not done in an office setting, but rather an outpatient hospital setting. It is our suggestion that you verify with your insurance carrier whether or not you have any deductibles, copays or co-insurances related to the use of this outpatient facility and to verify participation status.

In addition to the above fees, there will also be a separate charge for any biopsies taken at the time of your procedure. These biopsies are sent to the hospital pathology laboratory for evaluation. These charges will be submitted to your insurance by the lab; however any charges not covered will be billed to you directly. If you receive a bill from the lab, you must call them directly as our office has no control over their billing practices.

At Englewood or Holy Name Hospital, anesthesia is administered by a group that is affiliated with the hospital. If you have any questions, you must call the hospital directly.

Although our gastroenterologists participate with most insurance carriers, it is impossible for our office to know every patient's individual coverage. Therefore, we urge you to contact your insurance carrier prior to your procedure to see exactly what your benefits are. **You, as the patient, are responsible to know and understand your insurance plan. You will be responsible for all copayments, deductibles and co-insurances according to your insurance.** Our office will pre-certify your procedure and submit the claim to your insurance carrier, however we do not check your individual benefits.

If your procedure is strictly for screening purposes, please make sure to call your insurance to verify that you have coverage for this type of service. Screenings include procedures performed when you have no symptoms, but are, recommended based on age and/or if you have a family history of cancer.

Advanced Gastroenterology of Bergen County, P.A.

Gastroenterology ♦ Hepatology ♦ Gastrointestinal Endoscopy

Richard K. Chessler, M.D.

Barry M. Zingler, M.D.

Mitchell K. Spinnell, M.D.

Michael E. Meininger, M.D.

Marc A. Fiorillo, M.D.

140 Sylvan Avenue
Suite 101A-101B
Englewood Cliffs, NJ 07632

Main Tel: 201-945-6564

Fax: 201-461-9038

Procedure Scheduling:
201-346-9912

Billing Inquiries:
201-461-5439

Upon receiving this package, please notify our office of your primary insurance coverage and either mail or fax a copy of the front and back of your insurance card along with any referrals (if applicable) to the address or fax number to the left. **We must have these copies at least one week prior to our procedure.** If these are not received, we will have no choice but to **CANCEL** your procedure. If you need to cancel your procedure we respectfully ask that you give at least 72 hours notice or there will be a \$150 cancellation fee. Failure to do any of the above may result in **YOU** being responsible for payment of the entire bill.

*I have read and fully understand the above information
and agree to pay accordingly.*

PRINTED NAME: _____

SIGNED NAME: _____ DATE: _____

Please bring this form signed the day of procedure

ADVANCED GASTROENTEROLOGY OF BERGEN COUNTY, P.A.

Gastroenterology • Hepatology • Gastrointestinal Endoscopy

COLONOSCOPY INSTRUCTIONS FOR HALF-LYTELY PREPARATION

PLEASE READ THESE INSTRUCTIONS VERY CAREFULLY

YOU MUST HAVE SOMEONE DRIVE YOU, TO AND FROM THIS PROCEDURE DUE TO POSSIBLE EFFECTS OF ANESTHESIA

THIS FACILITY IS NOT LATEX-FREE. PLEASE INFORM US IMMEDIATELY IF YOU HAVE A LATEX ALLERGY!

If you are Diabetic and take medication for Diabetes, please discuss with your physician what diabetic medication you should take the day before and the day of your procedure.

SEVEN (7) DAYS PRIOR TO COLONOSCOPY

Please inform us ONLY if you are taking any blood thinning medication such as Aspirin, Coumadin, Plavix or any anti-inflammatory drugs such as Celebrex, Aleve or Motrin. They may need to be discontinued for up to 7 days prior to your exam. Do not stop any medications without consulting our office. Please discontinue Vitamin E and any Iron supplements 7 days prior to exam.

TWO (2) DAYS PRIOR TO COLONOSCOPY

Continue your regular diet, except for raw vegetables and fruit. You MAY eat cooked fruits and vegetables only.

DAY BEFORE COLONOSCOPY

On the morning prior to your exam add water to the fill line of your ½ gallon plastic jug of Half-Lytely. Shake vigorously to ensure that all the powder disintegrates. Put it in the refrigerator.

DO NOT eat solid food or non-clear liquids.

PLEASE DO NOT DRINK ANY RED OR PURPLE LIQUIDS !!

DRINK CLEAR LIQUIDS ONLY. CLEAR LIQUIDS INCLUDE:

FRUIT JUICES WITH NO PULP, WATER, TEA OR COFFEE (NO MILK, DAIRY OR SUGAR)
SODA—ANY FLAVOR

CHICKEN OR BEEF BROTH—NO NOODLES—JUST PLAIN BROTH ONLY!!

JELL-O—(NO RED OR PURPLE COLORS), ITALIAN ICES, HARD CANDIES

AT 12:00 P.M. (NOON) THE DAY BEFORE YOUR PROCEDURE

Please take the 2 Bisacodyl tablets that come with the Half-Lytely packet.

AT 6:00 P.M. THE NIGHT BEFORE YOUR PROCEDURE

Please start drinking the solution in the Half-Lytely container. Drink ONE (1), 8 ounce glass of the Half-Lytely solution every 10 to 15 minutes until the solution is finished.

BE SURE TO DRINK ALL THE SOLUTION

Once the Solution is finished, please drink at least another 32 oz. of water

DAY OF COLONOSCOPY

Do not have anything by mouth FOUR (4) hours prior to test ...NOT EVEN WATER.

You may brush your teeth that morning.

BLOOD PRESSURE MEDICATION IS OK TO TAKE. If it is within the 4 hour time frame PLEASE take your blood pressure medication with the smallest amount of water—just enough to swallow the medicine.