
READ YOUR PREP INSTRUCTIONS AT LEAST ONE WEEK IN ADVANCE OF YOUR PROCEDURE!

Important Information about Your Procedure

You are scheduled for:

<input type="checkbox"/> Upper Endoscopy	<input type="checkbox"/> ERCP
<input type="checkbox"/> Esophageal dilation	<input type="checkbox"/> Esophageal manometry
<input type="checkbox"/> Colonoscopy	<input type="checkbox"/> 24-hour pH probe
<input type="checkbox"/> Pill Camera	<input type="checkbox"/> PEG
<input type="checkbox"/> G tube change	<input type="checkbox"/> Sigmoidoscopy

with Dr. _____ on _____. Plan to arrive no later than _____.

Where to report:

- Atlanta South Endoscopy Center
Suite 201
34 Upper Riverdale Road
Riverdale, GA 30274
- Southern Regional Medical Center 1st floor Patient Registration
- South Fulton Medical Center 1st floor Main Admissions Office

If you must cancel your appointment, please try to do so seven (7) days in advance so we may give your appointment time to another patient who is waiting for a procedure.

In order to pre-cert the procedure, we must have your current insurance card. Our secretary will contact your insurance company to pre-certify the procedure. Please note that pre-cert is not a guarantee of payment. For complete benefit information, please contact your insurance company.

Please **BRING YOUR INSURANCE CARD, PICTURE ID AND ALL OF YOUR MEDICATIONS** to the facility on the day of your procedure.

If you have any special needs, please notify the staff prior to your procedure (wheelchair, pacemaker, internal defibrillator, latex allergy, interpreter.)

If you have sleep apnea, please bring your CPAP machine with you to your procedure!

ANOTHER ADULT MUST BE WITH YOU WHILE YOU HAVE YOUR PROCEDURE AND TO DRIVE YOU HOME, OR THE PROCEDURE WILL NOT BE PERFORMED, AND YOU MAY BE LIABLE FOR A NO-SHOW FEE. You may not take a taxi or the bus by yourself. Your escort must be present before the procedure begins, and wait in the waiting room during the procedure. Please plan to have your escort present at the conclusion of the procedure.

The physician will discuss the results of the procedure with you before you leave the facility. If there will be additional results, for example biopsy results, the physician will tell you how you will be notified of these results.

If you cannot keep your appointment, you must notify our office at least 48 hours in advance in order to avoid a \$100.00 no-show fee, which is not covered by insurance.

Questions? Call East Point 404-763-1606 or Riverdale 678-904-0094



Preparation Instructions for Upper Endoscopy (EGD) or Esophagogastroduodenoscopy

Five (5) Days Before the Procedure

Arrange a ride. You will be sedated for your procedure and you cannot drive or return home alone. If you arrive without an escort, your procedure will have to be rescheduled and you may be charged a "no-show" fee.

Stop taking Plavix, Coumadin, vitamin E, ginkgo, ginger and garlic.

Three (3) Days Before the Procedure

Confirm your ride!

Stop taking anti-inflammatory medications, such as aspirin, Bufferin, Anacin, Aleve, Advil, Motrin, ibuprofen, Indocin, Naproxen and any other arthritis medications. **Acetaminophen (Tylenol) is ok to take.**

Two (2) Days Before the Procedure

If you need to cancel your appointment, call us today at the latest.

One (1) Day Before the Procedure

You may drink additional clear liquids up until 4 hours before the start time of your procedure.

The Day of the Procedure

Do not drink anything within four (4) hours of your procedure start time.

Do not take your medications, but bring all of them with you.

Bring your escort/driver with you to the procedure. Your escort/driver will need to remain in the waiting room during your procedure.

UNDERSTANDING THE BILLING FOR YOUR PROCEDURE

You are scheduled to have a procedure performed by a physician of Atlanta South Gastroenterology.

You will receive a separate bill from each:

- **Physician** (Dr. Lyons or Dr. Martin of Atlanta South Gastroenterology, PC)
 - **Endoscopy Center** where the procedure is performed
 - **Pathology Laboratory**, if tissue is sent for evaluation
1. **PHYSICIAN COMPONENT:** When you have a procedure, the physician bills for the professional fee. This bill will be from **Atlanta South Gastroenterology, PC** and will include the physician's fee for performing the basic procedure plus the fee if any additional procedures are required, such as performing a biopsy, removing polyps, dilating the esophagus, etc. A definite cost cannot be given until the physician has completed the procedure. Co-pays and deductibles are due at the time of service.

In performing procedures our physicians are practicing the standard of care which they believe best serves your needs. Medicare and/or your insurance company may not accept the same standards and indications for a certain procedure and therefore may deny payment for your procedure. This is a matter between your and your insurance company, and you are responsible for the cost of your procedure.

2. **FACILITY COMPONENT:** Each facility sends a bill for its services, which includes the cost of nursing care, medications, use of equipment, etc., just as a hospital sends a bill for its services when you are hospitalized. If your procedure is performed at our endoscopy center, the bill for the facility fee will be sent from **Atlanta South Endoscopy Center, LLC**, which is a certified, fully licensed ambulatory surgery center. This is a separate bill from the physician's charges. This charge will be billed to your insurance company. You will not receive a statement on this charge until after your insurance company has paid their portion of the claim.
3. **PATHOLOGY:** If tissue is removed during your procedure (biopsy, polypectomy, etc.) the tissue will be sent to an expert lab for interpretation, and you will receive a separate bill for this service. If your procedure is performed in our endoscopy center, your specimens will be sent to **GI Pathology Partners** of Memphis, TN, who are pathologists with special training in gastrointestinal disorders, which we believe provides you the most expert opinions in this area. You will receive a bill from this pathology group when specimens are sent for evaluation from our endoscopy center.

If you have any questions relating to billing, please discuss them with our staff or your physician prior to services being rendered.

Signature _____

Printed name of patient _____ Date _____

Witness _____