



519 Stephenson Avenue, Savannah, GA 31405  
 Phone (912) 354-9447 Fax (912) 355-6430

David M. Chalikian, MD, PhD  
 Gregory D. Borak, MD  
 Branden S. Hunter, MD  
 Travis F. Wiggins, MD  
 Ansley S. Tharpe, MD  
 Kristen N. Rosales, PA-C  
 Sara L. Barrett, PA-C

### Flexible Sigmoidoscopy Instructions

**WHEN:**

Your procedure is scheduled for: \_\_\_\_\_  
DATE ARRIVAL TIME

*This time has been set aside for you and your physician – There may be some variation in the actual start time of your procedure*

**WHERE to GO:**

- Endoscopy Center of Coastal Georgia – 519 Stephenson Avenue
- Candler Hospital – first floor of the Professional Office Building, 5354 Reynolds Street
- Memorial Health University Medical Center – Center for Advanced Medicine Building – 4700 Waters Avenue
- St. Joseph’s Hospital – double doors beside the Emergency Room entrance – 11705 Mercy Boulevard
- Effingham County Hospital – through new main entrance to the reception desk – GA Highway 119, Springfield, GA 31329

**INSTRUCTIONS:**

- 1. Please allow 1 to 1 ½ hours for your procedure.**
- 2. Follow the Prep Instructions** (shown on next page).
3. On the day of your procedure please take your heart, blood pressure, acid reflux and seizure medications that you normally take with a small sip of water.
4. **Please stop taking iron and any NSAIDS** (nonsteroidal anti-inflammatory drugs) such as aspirin, Celebrex, ibuprofen, naproxen, Toradol, Lodine, Indocin \_\_\_\_\_ days before your procedure.
5. Women of childbearing age (< 50 years old) will have a pregnancy test performed on procedure day.
6. If you are Diabetic – see separate instructions attached.
7. If you take any of the following medications, please **STOP taking them** as directed below:

<ul style="list-style-type: none"> <li>❖ Coumadin - STOP taking _____ days before procedure</li> <li>❖ Plavix- STOP taking _____ days before procedure</li> <li>❖ Xarelto -STOP taking _____ days before procedure</li> <li>❖ Pradaxa-STOP taking _____ days before procedure</li> </ul>	<ul style="list-style-type: none"> <li>❖ Phentermine - STOP taking _____ days before procedure</li> <li>❖ Fragmin - STOP taking _____ days before procedure</li> <li>❖ Effient -STOP taking _____ days before procedure</li> <li>❖ Eliquis -STOP taking _____ days before procedure</li> </ul>
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- 8. You must bring someone with you to drive you home** as you will be sedated and are not allowed to drive for 12 hours after the procedure. Your driver must remain in the building during your procedure or the procedure will be rescheduled.

Have more questions? Call Freida Carter 912/721-6602 or Kristyn Brown 912/721-6635 or  
 Alfreida Martin 912/721-6661; Billing questions – Call 912/354-9447

**PLEASE BRING THIS PACKET WITH YOU ON THE DAY OF YOUR PROCEDURE.**

## **Flexible Sigmoidoscopy Instructions**

NO ASPIRIN, NSAIDS, VITAMINS, HERBAL SUPPLEMENTS OR IRON should be taken for five (5) days prior to your procedure.

### **DAY BEFORE YOUR PROCEDURE**

1. Follow the Clear Liquid Diet attached.
2. You should have NOTHING TO EAT OR DRINK AFTER MIDNIGHT. If your procedure is scheduled for after 12 noon, you may continue following the Clear Liquid Diet until \_\_\_\_\_.

### **DAY OF YOUR PROCEDURE**

1. Take two (2) Fleets enemas before coming to the office. Instill one enema at \_\_\_\_\_. Allow it to evacuate and then repeat with the second enema at \_\_\_\_\_. You will only be able to retain the enema for 4-5 minutes before you will feel the urge to evacuate it.
2. Please do not take any medications the morning of your procedure except for your heart, blood pressure, seizure and reflux medication. If you use an inhaler, please bring it with you to the appointment.
3. Sign all forms requiring your signature in this packet and bring with you today.
4. **You must bring someone with you to drive you home** as you will be sedated and are not allowed to drive for 12 hours after the procedure. Your driver must remain in the building during your procedure or the procedure will be rescheduled.

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*Have more questions? Call Freida Carter 912/721-6602 or Kristyn Brown 912/721-6635 or Alfreida Martin 912/721-6661; Billing questions – Call 912/354-9447*

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# CLEAR LIQUID DIET

You **may have** the following:

***Drinks:***

1. Juices (like apple, pineapple, or grape) and any strained citrus juices. None with RED color
2. Hot tea, iced tea and coffee ***without cream or milk***
3. Soft drinks like ginger ale, lemon-lime soda, club soda, cola, diet cola and root beer.
4. Sports drinks (Gatorade and Powerade), orange, blue, pink, purple, green and yellow are o.k. (nothing RED in color)

***Soups:*** Clear broth, bouillon, or consommé

***Desserts:***

1. Plain popsicles – NOT the ones with pureed fruit or fiber in them. Nothing RED in color
2. Flavored gelatin (like Jell-O® without fruit). You may also drink gelatin as a warm beverage before it sets. Nothing RED in color

***Other:*** Sugar, honey, jelly or syrup

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**DO NOT** have the following:

X	1. <b><u>Do not</u></b> eat solid food.
X	2. <b><u>Do not</u></b> drink any beverage that you <b>cannot</b> see through. Nothing RED in color should be consumed.
X	3. <b><u>Do not</u></b> drink beverages containing alcohol.
X	4. <b><u>Do not</u></b> drink dairy products – like milk, hot chocolate, buttermilk, and cream.
X	5. <b><u>Do not</u></b> consume any non-dairy creamer.
X	6. <b><u>Do not</u></b> drink fruit smoothies, nectars, fruit juices with pulp, or prune juice.



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## PRE-PROCEDURE MEDICATION INSTRUCTIONS FOR DIABETICS

Take Diabetes medications as directed below (unless otherwise indicated):

Diabetes Medication	MORNING (day before exam)	NIGHT (before exam)	MORNING (day of exam)
Oral (tables by mouth)	Usual dose	Do not take	Do not take
Exenatide (Byetta)	Usual dose	Do not take	Do not take
Long Acting Insulin	Take half your usual dose	Take half your usual dose	Do not take
	<i>Note: If you check your blood sugar near your usual evening meal, you may adjust this half dose up or down depending on your reading</i>		
Regular Insulin	Follow your sliding scale if you take before meals		
Insulin Pump	Confirm dosage adjustment with your medical provider		

*If you take oral and insulin or other injectable diabetes medication, follow the Instructions for each as shown above.*



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### **DISCLOSURE OF OWNERSHIP**

It is the policy of the Endoscopy Center of Coastal Georgia, LLC, to provide each patient with disclosure of facility ownership. The Endoscopy Center of Coastal Georgia, LLC is a privately owned facility with five physician owners:

- David M. Chalikian, MD, PhD
- Gregory D. Borak, MD
- Branden S. Hunter, MD
- Travis F. Wiggins, MD
- Ansley S. Tharpe, MD

### **ADVANCE DIRECTIVES**

It is the policy of the Endoscopy Center of Coastal Georgia, LLC, to not honor Advance Directives as the procedures performed in this facility are not considered 'life or death' procedures. In the event that a patient goes into respiratory or cardiac arrest while at the center, life-saving procedures will be performed, the patient will be transported via ambulance to the hospital, and at that time the patient's advance directive will be honored by the hospital. It is the patient's responsibility to report that they have an advance directive and it is advised that they have a copy on file at the hospital of their choice.

If the patient does not agree with the policy as stated above, it is their responsibility to inform the physician before their procedure is scheduled or performed at the facility.



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### **PATIENT'S RIGHTS:**

1. Every patient has the right to be treated as an individual, fairly and with respect, consideration and dignity.
2. Patient information will be kept private, and any disclosures or release of records will only be completed with written patient authorization, except when required by law.
3. A patient may designate a representative to make health care decisions on their behalf to the extent permitted by law.
4. Patients, or their representatives, will be provided, to the degree known, of their complete diagnosis, treatment plan, and prognosis.
5. Patients will be given the opportunity to participate in decisions involving their healthcare, except when contraindicated for medical reasons.
6. Patient reports of pain will be believed. Our staff is committed to pain prevention and management and will respond quickly.
7. Patients will be informed of alternative treatments and advised on each.
8. Patients have the right to know, in advance, the type and expected costs of treatment.
9. Patients and their families have the right to express grievances and suggestions. We will make every effort to follow up and meet our goal of patient satisfaction.
10. Patients have the right to be informed of the professional rules, laws, and ethics that govern our organization.

### **PATIENT RESPONSIBILITIES AND CONDUCT:**

1. To provide our staff with all information about any past illnesses, hospitalizations, medications and other matters that could affect our treatment plan.
2. To ask questions if they do not understand instructions or explanations given by our physicians or staff.
3. To follow healthcare instructions and treatment plans presented by our physicians or staff.
4. To make payment for services rendered for any balances remaining after insurance has paid.
5. To discuss with our physicians or staff what to expect regarding pain during the procedure and to work with them in developing a pain management plan.
6. To ask for pain relief when pain first begins.
7. To discuss the consequences before refusing treatment, not adhering to the plan for treatment or leaving the facility Against Medical Advice (AMA).
8. To be allowed to refuse participation in any experimental treatment or to receive care from a student or trainee.

### **FILING COMPLAINTS:**

If you have a complaint concerning the care you received as a patient of The Endoscopy Center of Coastal Georgia, LLC, you are encouraged to contact (in writing or verbally) the Nurse Administrator or the Medical Director of our facility. If resolution of the issue requires an outside agency, you may contact the following:

**GEORGIA DEPARTMENT OF COMMUNITY HEALTH (800) 878-6442**  
**2 Peachtree Street, NW, Atlanta, GA 30303**

**Attn: Complaints Dept, 31<sup>st</sup> Floor**

Or: Office of Medicare Beneficiary Ombudsman at [www.medicare.gov/ombudsman/resources.asp](http://www.medicare.gov/ombudsman/resources.asp)

Or call 1-800-MEDICARE



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Dear Patient,

The procedure you are about to undergo has five (5) separate components that are billed to you:

1. **Physician Professional Services** – this fee will be billed by Gastroenterology Consultants of Savannah, PC
2. **Anesthesia Services performed by the CRNA** – this fee will be billed by Anesthesia of Coastal Georgia, LLC (a division of Gastroenterology Consultants of Savannah, PC)
3. **Anesthesia Services performed by the Anesthesiologist** – this fee will be billed by Lighthouse Anesthesia, LLC
4. **Pathology Services** – this fee may be billed under the Professional Services of the Physician or by an outside Pathologist/Laboratory (if specimens were taken)
5. **The Surgery Center Facility Fee** – this fee will be billed by The Endoscopy Center of Coastal Georgia, LLC

As a courtesy to you, the bill (claim) for the Facility Fee will be filed directly with your primary insurance, then your secondary insurance after the primary payment has been received. If no secondary insurance was provided at the time of service, we will send you a statement for the coinsurance amount due as determined by your insurance carrier. We have accepted assignment of benefits and your insurance carrier should send payment directly to our remittance address. Payment determination is made once the carrier received the claim. This is not a guarantee of payment and is based on your policy benefits and eligibility at the time of service. We have verified eligibility and obtained prior authorization for your procedure but the responsibility for determining whether your claim will be covered rests with you.

**ASSIGNMENT OF BENEFITS AND AUTHORIZATION TO APPEAL:**

I authorize payment of medical benefits to Endoscopy Center of Coastal Georgia, LLC. It is my understanding that the only charges I may be responsible for are those assigned as "Patient Responsibility" by a participating insurance or other third party payer.

I hereby authorize release of any medical records or information necessary to process insurance claims, appeal benefit determinations, coverage denials, or other adverse decisions on my behalf.

\_\_\_\_\_  
Patient/Guarantor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date



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This is to advise you that the Endoscopy Center of Coastal Georgia utilizes **Lighthouse Anesthesia, LLC** and **Anesthesia of Coastal Georgia, LLC**, (Anesthesia of Coastal Georgia, LLC is a division of Gastroenterology Consultants of Savannah, PC), to administer the anesthesia for your procedure.

### **Lighthouse Anesthesia, LLC – Billing Information**

Lighthouse Anesthesia, LLC, participates with some healthcare plans. In the event that they do not participate with your insurance plan, they will work with you and your insurance carrier to make every effort to insure that you are not penalized for their non-participation (out-of-network) status to minimize the out-of-pocket costs. Please check with your plan administrator or contact your insurance carrier directly to verify specific details related to your coverage. Endoscopy Center of Coastal Georgia and Gastroenterology Consultants of Savannah do not have any control over the participation, costs, and billing for anesthesia charges. You can contact Lighthouse Anesthesia, LLC for network participation and cost estimates.

Payment Address:

**Lighthouse Anesthesia, LLC**

P. O. Box 102681, Atlanta, GA 30368-2681

Tax I.D. #20-1524042

Billing Department Phone: 1-877-222-4217

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### **Anesthesia of Coastal Georgia, LLC – Billing Information**

Anesthesia of Coastal Georgia, LLC, participates with some healthcare plans. In the event that they do not participate with your insurance plan, they will work with you and your insurance carrier to make every effort to insure that you are not penalized for their non-participation (out-of-network) status to minimize the out-of-pocket costs. Please check with your plan administrator or contact your insurance carrier directly to verify specific details related to your coverage. Endoscopy Center of Coastal Georgia and Gastroenterology Consultants of Savannah do not have any control over the participation, costs, and billing for anesthesia charges. You can contact Anesthesia of Coastal Georgia, LLC for network participation and cost estimates.

Payment Address:

**Anesthesia of Coastal Georgia, LLC**

6094 14<sup>th</sup> Street, West #122, Bradenton, FL 34207-4104

Tax I.D. #45-3801002

Billing Department Phone: 1-877-360-1566





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**INSTRUCTIONS FOR PROCEDURE DAY AND  
WAIVER OF LIABILITY FOR PERSONAL PROPERTY**

We require that your family member/driver remain at our facility during your procedure so that they will be available to speak with the physician. Your family member may sit with you during the recovery period that typically lasts 20 to 30 minutes.

If there is no driver available before we begin your procedure and we are not able to reach the person designated to drive you home, your procedure will be rescheduled for another day when a driver is available.

We appreciate your cooperation in leaving all valuables either at home or with your family member on the day of your procedure. This includes but is not limited to:

- Jewelry (watches, bracelets, necklaces, earrings, rings)
- Your cell phone
- Your purse or wallet and any money

The Endoscopy Center of Coastal Georgia is not responsible for any loss or damage to personal items. You take full responsibility for any personal items you choose to keep with you during your procedure.

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**I acknowledge that I have read (or had read to me) and understand the above information. I also understand that I am to provide a driver to transport me home from the facility.**

**By signing below, I agree that the Endoscopy Center of Coastal Georgia, LLC and Gastroenterology Consultants of Savannah, PC, are not responsible for the loss or damage to my personal property or other valuables. I hereby release, waive, discharge and agree to hold harmless the Endoscopy Center of Coastal Georgia, LLC and Gastroenterology Consultants of Savannah, PC, and its partners, shareholders, and employees from any and all claims arising from the loss or damage to my personal property or other valuables.**

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date