



### **General Preparation Instructions**

- Please allow 90 minutes for your procedure.
- If you plan to have **any** type of surgery prior to your scheduled procedure, please let us know.
- Women of childbearing age (< 50 years old) will have a pregnancy test performed on procedure day.
- Follow the prep instructions in this packet; **do not** follow prep instructions on box/container.
- On the day of your procedure please take your heart, blood pressure and seizure medications that you normally take with a small sip of water.
- **DO NOT** consume illicit drugs **7 days** prior to your procedure. This may adversely affect outcomes and anesthesia. This may cause your procedure to be rescheduled
- Please stop taking iron five (5) days before your procedure.
- If you are diabetic or on weight loss injections, please see page 2 below.
- **You must have a driver with you;** no taxi, bus or uber unless you have someone that can stay with you while the procedure is being performed. Your driver must remain in the building during your procedure, or the procedure will be rescheduled.
- No whole kernel corn or popcorn for 3 days prior to procedure.
- Leave all valuables at home or with your driver on procedure day. This includes, but is not limited to jewelry (watches, bracelets, necklaces, earrings, rings), cell phones, purses or wallets, and any money.

### **Pre-Procedure Medication Instructions**

If you take any of the following medications, please **STOP** taking them as directed below (*unless otherwise indicated*):

#### → **Blood Thinners/Anti-Platelet Agents**

- |  |  |
|--|--|
| • Plavix - <b>stop 5 days before procedure</b>   | • Phentermine - <b>stop 14 days before procedure</b> |
| • Coumadin - <b>stop 5 days before procedure</b> | • Fragmin - <b>stop 3 days before procedure</b>      |
| • Xarelto - <b>stop 2 days before procedure</b>  | • Effient - <b>stop 5 days before procedure</b>      |
| • Pradaxa - <b>stop 2 days before procedure</b>  | • Eliquis - <b>stop 2 days before procedure</b>      |
| • Brilinta - <b>stop 3 days before procedure</b> | • Aggrenox - <b>stop 5 days before procedure</b>     |

### **Pre-Procedure Medication Instructions(continued)**

If you take any of the following medications, please **STOP** taking them as directed below (*unless otherwise indicated*):

#### **→ Weight-Loss/Diabetic Medications**

If you take oral and insulin or other injectable diabetes medication, follow the instructions for each as shown below:

<b><u>MEDICATION</u></b>	<b><u>MORNING</u> <u>(day before exam)</u></b>	<b><u>NIGHT</u> <u>(before exam)</u></b>	<b><u>MORNING</u> <u>(day of exam)</u></b>
<u>Weekly Injections</u>	Hold for 7 days prior to procedure Ozempic (semaglutide), Wegovy (semaglutide), Mounjaro (tirzepatide), Trulicity (dulaglutide), Byetta (exenatide), Bydureon, Zepbound, Adlyxin, and Victoza.		
<u>Oral (tablets by mouth)</u>	Usual dose	Do not take	Do not take
<u>Rybelsus</u>	Hold for 7 days prior to procedure.		
<u>Januvia, Jardiance, Invokana, Farxiga, Steglatro, and Brenzavvy</u>	Hold for 3 days prior to procedure		
<u>Long-Acting Insulin</u>	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>		
<u>Regular Insulin</u>	Follow your sliding scale if you take before meals		
<u>Insulin Pump</u>	Confirm dosage adjustment with your medical provider		



### **2-Day SUPREP Preparation Instructions**

- You will need to purchase one (1) 238-gram bottle of MiraLAX and two (2) Dulcolax (bisacodyl) tablets from a Pharmacy/Grocery Store plus your Suprep prescription.

#### **Two Days Before Procedure:**

- Consume only clear liquids for the entire day – **no solid food, milk or cream**. Please see page 5 for clear liquid diet.
- At **3:00 p.m.** take two (2) Dulcolax (bisacodyl) tablets.
- Pour two (2) 32-ounce bottles of the chosen liquid (Gatorade or Crystal Light) into a gallon container along with one 238-gram bottle of MiraLAX mix and pour liquid back into the 32-ounce containers. Put bottles in the refrigerator.
- At **6:00 p.m.** begin consuming MiraLAX solution. Drink an 8-ounce glass of MiraLAX solution every 15 minutes until both 32 ounces have been consumed (it should take about 2 hours to finish).

#### **Day Before Procedure:**

- Consume only clear liquids for the entire day – **no solid food, milk or cream**. Please see page 5 for clear liquid diet.
- At **6:00 p.m.** (in the evening) on the night before your procedure, drink the first dose of prep. Pour one (1) 6-ounce bottle of SUPREP liquid into the mixing container given in the SUPREP kit. Add cool drinking water to the 16-ounce line on the container and mix with a spoon.
- Drink  $\frac{1}{2}$  of the liquid in the container. Wait 15 minutes, then drink the remaining solution in the container. Drink ALL the liquid in the container.
- You **MUST** drink two (2) more 16-ounce containers of water over the next hour. Use the empty container to measure the water.
- Mix the 2<sup>nd</sup> bottle of prep just as you mixed the 1st bottle and refrigerate.
- **Consume only clear liquids until midnight**, nothing else until the second part of your prep the morning of your procedure.



### Day of Procedure:

- Five (5) hours prior to your scheduled arrival time, drink the second dose of your prep. This will be done the same way as the first dose. Pour one (1) 6-ounce bottle of SUPREP liquid into the mixing container given in the SUPREP kit. Add cool drinking water to the 16-ounce line on the container and mix with a spoon.
- Drink  $\frac{1}{2}$  of the liquid in the container. Wait 15 minutes then drink the remaining solution in the container. Drink ALL the liquid in the container.
- You MUST drink two (2) more 16-ounce containers of water over the next hour. Use the empty container to measure the water.
- **Do not consume anything else after this final step.** It is imperative that you do not have anything to eat or drink two (2) hours prior to your scheduled arrival time.
- 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.
- **You must have a driver with you;** no taxi, bus or uber unless you have someone that can stay with you while the procedure is being performed. Your driver must remain in the building during your procedure, or the procedure will be rescheduled.



## **Clear Liquid Diet**

You **may** consume the following:

### **Drinks**

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

### **Soups**

- Clear broth, bouillon, or consommé

### **Desserts**

- Plain popsicles – NOT the ones with pureed fruit or fiber in them; nothing **red** in color
- Flavored gelatin, such as 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

**DO NOT** consume the following:

- Any beverage that you **cannot** see through; nothing **red** in color should be consumed
- Beverages containing alcohol
- Dairy products, such as milk, hot chocolate, buttermilk, and cream
- Non-dairy creamer
- Fruit smoothies, nectars, fruit juices with pulp, or prune juice.



## **COLONOSCOPY: SCREENING, SURVEILLANCE, OR DIAGNOSTIC**

**Preventive (Average Risk) Screening Colonoscopy:** The patient, over the age of 45, will be asymptomatic (no symptoms either past or present), without a personal or family history of gastrointestinal disease, colon polyps, or cancer. The patient has not undergone a colonoscopy within the last 10 years. If the presence of a polyp(s) is found then removal of polyps could cause the screening to turn diagnostic.

Most insurance policies will pay for a Screening Colonoscopy at 100% (with no charge to you), **however, this is completely dependent upon your individual policy benefits.**

**Surveillance/High Risk Screening Colonoscopy:** Patient is asymptomatic (no gastrointestinal symptoms either past or present), but has personal history of gastrointestinal disease, personal and/or family history of colon polyps, or cancer. Patients in this category are required to undergo colonoscopy surveillance at shortened intervals (e.g. every 2-5 years). Although your provider may say "screening," your insurance company may not recognize these conditions as preventive. Removal of polyps found during this procedure may not apply to your preventive benefits. This service may be covered by your insurance as preventive/screening; **however, this is completely dependent upon your individual policy benefits.**

**Diagnostic/Therapeutic Colonoscopy:** The colonoscopy is performed due to physical symptoms such as rectal bleeding or pain, change in bowel habits, diarrhea, constipation, anemia, etc., or known presence of polyps/lesions requiring treatment. These conditions are not considered screening.

**A diagnostic colonoscopy is NEVER considered screening**, and you will incur any deductible and coinsurance balances that apply at the time of service.

*"My insurance company says that if my procedure was coded as a screening, they would cover it. Can the physician change, add, or delete the codes so it is considered screening?"*

\* No. Claims are coded according to the medical record and provider documentation. Medical documentation and coding must comply with federal regulations and commercial insurance contracts. The practice cannot alter documentation or coding to influence a patient's insurance coverage.

---

### **Depending on your coverage, you may receive the following bills once claims have been processed:**

**Procedures:** Please call your insurance company to verify coverage for preventative, routine, diagnostic, or screening services. Patients are expected to pay their total estimated procedure cost prior to rendering service. Our office will provide the estimated amount based on eligibility benefits received from your insurance.

- Physician Fee: Fee paid to the physician for performing services. This bill will come from Gastroenterology Consultants of Savannah, PC.
- Facility Fee: The facility in which you have the procedure performed will send a separate bill.
  - Facilities used by our providers: (We suggest contacting your insurance company to ensure your scheduled facility is in network)
    - Endoscopy Center of Coastal Georgia, LLC
    - St. Joseph's/Candler Health System



- Effingham Health System
  - Anesthesia Fee: Anesthesia is billed separately from the facility fee.
  - Pathology: If you have a specimen removed, laboratory and pathology are billed separately.

Some insurance companies require precertification. Our office will try to verify your benefits and obtain necessary prior authorizations; however, this is not guarantee of payment. We will submit all insurance claims on your behalf if all necessary information is provided. If coverage is deemed inactive for your dates of service, you are responsible for the balances.

---

### **Late Cancellations/No-Shows:**

#### **Procedure Policy:**

- Cancellations less than 72 business hours before your procedure date will result in a \$150 fee.
- No-showing to your procedure will result in a \$150 fee.
- If a procedure must be repeated/rescheduled due to poor patient preparation, this may result in multiple insurance claims and additional patient responsibility.





**GASTROENTEROLOGY**  
**CONSULTANTS OF SAVANNAH, P.C.**  
Endoscopy Center of Coastal Georgia, L.L.C.

Gregory D. Borak, MD  
Ansley S. Tharpe, MD  
William L. Mansour, MD

Branden S. Hunter, MD  
Travis F. Wiggins, MD  
Isaac E. Perry, DO



Dear Patient,

The following information is provided to help you better understand the process of the laboratory test your health care provider ordered.

### **Why did my health care provider order this lab test?**

Providers order testing to rule out potential complications or confirm suspected diagnoses. These tests can save you both time and money on unneeded therapies or surgeries. Additionally, our laboratory diagnostics can help your provider identify and more rapidly treat potential medical conditions before they worsen.

### **Who is Advanced Pathology Services?**

APS is an anatomic and molecular pathology laboratory located in Central Arkansas. Healthcare providers commonly use our lab because of our specialized approach to patient needs. We offer certain testing that can only be found in less than 20 laboratories nationally. Additionally, soft tissue and suspected melanoma cases are read by a board-certified pathologist to provide the most accurate and specialized interpretations of patient specimens.

### **Lab Results**

Your results will be sent directly to your treating provider. Please remember to schedule your follow-up appointment with your physician to receive the results and, if needed, determine any further course of action.

### **Insurance Information**

Within usually one to four months of your laboratory test, your insurance carrier will send you an Explanation of Benefits (EOB). THIS IS NOT A BILL. Occasionally, APS has to resubmit to your insurance with further information to achieve insurance payment.

### **APS Bill**

The amount you owe for this laboratory test, if any, will be sent to you via mail. In the event you notice any discrepancies or have questions, please do not call your provider. Our Billing Specialists at APS are happy to discuss your insurance benefits, patient responsibility, and payment options.

### **Contact Information**

For questions or concerns regarding your APS lab bill, please call our lab at 501-225-1400 and ask to speak to one of our Billing Specialists.

Thank you,  
Advanced Pathology Solutions

(501) 225-1400

4850 Northshore Lane

[www.apslabgroup.com/](http://www.apslabgroup.com/)