



YOUR PROCEDURE IS SCHEDULED FOR: _____, ____ / ____ / ____ . PLEASE ARRIVE AT ____:____ am / pm

LOCATION:

- 1) GI NORTH ENDOSCOPY 4150 Deputy Bill Cantrell Memorial Rd Ste 200 Cumming, Ga. 30040
- 2) Northside Hospital-Forsyth, 1200 Northside Forsyth Drive Cumming, Ga. 30041 (pt. services)

PLENVU BOWEL PREP FOR COLONOSCOPY (SPLIT DOSE)

****FOLLOW THESE INSTRUCTIONS AND NOT THE ONES ON THE BOX****

- Please inform your doctor if ANYTHING HAS CHANGED WITH YOUR HEALTH OR MEDICATIONS SINCE YOUR LAST VISIT.
- Please leave **ALL** jewelry and electronic devices at home (**cell phones, smart watches, Fitbits**)
- **Drivers MUST be 18 years or older and MUST** check-in at front desk before the pt. will be taken back (**they may return to their car but CANNOT leave the property**). **PLEASE ARRIVE ON TIME.**

3 DAYS BEFORE EXAM

- **Do not eat: corn, beans, nuts, popcorn, quinoa, seeds and any food or fruits with seeds.**

1 DAY BEFORE EXAM (Date) _____

- **No solid food all day** – only **clear liquid diet (NO RED OR PURPLE color)**, including:
 - Water, clear broth, coffee or tea (without milk or creamer)
 - Sport Drinks such as Gatorade, PowerAde, Propel or Vitamin Water (NO RED OR PURPLE)
 - Fruit flavored drinks such as Crystal Light, Kool-Aid, Capri Sun (NO RED OR PURPLE)
 - Apple juice, white cranberry juice, carbonated beverages or soda (NO RED OR PURPLE)
 - JELL-O, Italian ices, ice popsicles, sorbet, hard candy (NO RED OR PURPLE),
 - **NO juice with PULP or MILK of any kind (Soy, Silk, Almond, Oat, Coconut... to name a few).**
- **BOWEL PREP INSTRUCTIONS:**
 - At **6pm**, mix ONE packet as directed on the box. Drink the entire contents of the solution. Then, at your own pace over the next 5 hours, drink at least **40 ounces** of clear liquids.
 - Continue clear liquid diet until midnight. **DO NOT EAT ANY SOLID FOOD.**
 - **NO ALCOHOLIC BEVERAGES**

DAY OF THE EXAM (Date) _____

- **FIVE HOURS (at _____ am)** prior to your scheduled procedure time, mix the last TWO packets of PLENVU as directed on the box. Drink the entire contents of the solution. Then over the next 2 hours drink at least **40 ounces** of clear beverages.
- **DO NOT DRINK ANYTHING OR EAT ANYTHING after (_____ am)**

DIABETIC PATIENTS:

- If you take **ORAL** diabetic medication **HOLD** on the day of the prep and day of the procedure and resume after scope
- If you take **INSULIN**, take ½ the regular evening dose (on the night of prep) and nothing in the morning of the procedure. Monitor blood sugar carefully
- If you have an **INSULIN PUMP**, turn it off the morning of the procedure and monitor blood sugar carefully

HEART AND BLOOD PRESSURE MEDICATIONS:

- Take all heart and blood pressure medications with a tiny sip of water as usual. **HOLD ALL OTHER MEDICATIONS** until after the procedure
- IF YOU TAKE A BLOOD THINNER, BE SURE YOU HOLD IT AS DIRECTED BY YOUR CARDIOLOGIST BEFORE THE PROCEDURE

- **COLONOSCOPY CATEGORIES**

- The Affordable Care Act allows for preventative services, such as colonoscopies, to be covered at no cost to the patient. However, there are strict guidelines used to determine which category of colonoscopy can be defined as a screening/preventative service. These guidelines may exclude those patients with any current gastrointestinal signs and symptoms, history of gastrointestinal disease, a personal or family history of colon polyps or colon cancer from taking advantage of the procedure at no cost. In cases like these, patients may be required to pay co-pays, co-insurance and/or deductibles.
- **Please Note:** *Although your primary care provider may refer you for a "screening" colonoscopy, you may not qualify for the "preventative/screening colonoscopy" benefit under your insurance plan. There are three colonoscopy categories:*
 - **Diagnostic/Therapeutic Colonoscopy-** If you have any gastrointestinal symptoms (i.e. diarrhea, constipation, rectal bleeding, abdominal pain, etc.) and have a personal history of gastrointestinal disease (such as diverticulitis, Crohn's disease or ulcerative colitis) iron deficiency anemia, or other abnormal tests requiring evaluation or treatment by colonoscopy. Usually subject to copay, coinsurance and/or deductible.
 - **Surveillance/High Risk Colonoscopy-** If you are asymptomatic (no current gastrointestinal symptoms) and/or a personal history of colon polyps and/or colon cancer. Patients in this category are required to undergo colonoscopy surveillance at shortened intervals, usually every 2 - 5 years. May be subject to copay, coinsurance and/or deductible.
 - **Screening/Preventative Colonoscopy -** If you are asymptomatic (no current gastrointestinal symptoms), 45 years old or older (age is determined by your insurance carrier and specific policy please check with them) and have no personal history of gastrointestinal disease, no personal history of colon polyps and/or cancer. Patients in this category have not undergone a colonoscopy, or other screening for colon cancer, within the last 10 years. If these guidelines are met, may be covered at 100% under your plan.

- **FREQUENTLY ASKED QUESTIONS**

- **Who will bill me?**

- You may receive bills for separate entities associated with your procedure, such as the physician, facility, anesthesia, pathology (both processing and reading) and/or laboratory. GI North's standard of care for anesthesia during your colonoscopy is propofol sedation.
- **Can the provider change, add, or delete my diagnosis so that my procedure can be considered a screening/preventative colonoscopy?**
- **No.** Any visits or history that you provided or your referring physician documented in the medical record is part of a binding legal document that cannot be changed or altered to facilitate better insurance coverage.
- **What if my insurance tells me that GI North can change, add or delete a CPT code or diagnosis code?**
- If you are given this information please document the date of the call, name and phone number of the insurance representative to whom you spoke. Then contact the provider's office and speak to the financial counselor or office manager. Your insurance may tell you if your procedure is coded as a screening it will be covered at 100%. However, if your procedure does not meet the definition of a screening/preventative then it cannot be re-coded and filed as a screening/preventative colonoscopy.
- **Will someone call me about what I owe?**
- As a courtesy, our office will check with your health insurance plan to obtain a cost estimate and see if a precertification is required. If you will be expected to pay a deposit on the date of your procedure, someone will call you a few days before the procedure date to notify you of this expectation. We can never guarantee how your health insurance will pay for your services. It is always a good idea to call your insurance and understand your benefits and your health insurance expectations.