

## GI Associates of New Hampshire

454 Old Street Road, Suite 208

Peterborough, NH 03458

Phone: 603-924-1759 Fax: 603-924-4687

*A COLLABORATIVE PRACTICE BETWEEN*

CONCORD GASTROENTEROLOGY, PA

- Robert D. Thomson, MD
- Samuel C. Somers, MD
- Robert J. Chegade, MD

DARTMOUTH-HITCHCOCK

- Michael J. Gilbert, MD
- Burr J. Loew, MD

Your Procedure: \_\_\_\_\_ is scheduled at

**Monadnock Community Hospital Day Surgery Center** on \_\_\_\_\_.

Please arrive at: \_\_\_\_\_

Your preoperative telephone interview is: \_\_\_\_\_ between \_\_\_\_\_

**\*\*It is important that you complete your preoperative testing phone interview as scheduled or your procedure may be cancelled.**

Please use the **Hospital Main Entrance** and ask for directions to **Day Surgery**.

Your procedure is being performed under anesthesia. You must follow the specific fasting instructions given to you at the time of your preoperative appointment or phone interview.

**You must have someone to drive you home after the procedure. Sedation will be given for the exam and this may affect you for several hours. You will not be allowed to drive for 24 hours following the procedure. A taxi can only be used if you are accompanied by a friend or family member. When you return home it is advisable for someone to stay with you until effects of the sedation have worn off.**

NO WORK UNTIL THE FOLLOWING DAY.

**\*\*If you need to reschedule your appointment, please call us at least 2 weeks in advance so we may accommodate other patients waiting to be seen\*\***



## Flexible Sigmoidoscopy Prep

If you need to cancel or reschedule your procedure, please call us at 603-228-1763 at least 2 weeks in advance so we may accommodate other patients who are waiting to be seen

6-7 Days Prior	5 Days Prior	Procedure Day
<p><u>Required Supplies from the Pharmacy</u></p> <ul style="list-style-type: none"> <li>2 – 4.5 fluid ounces size Fleet’s enemas</li> </ul>	<p>Discontinue any fiber supplements or medications containing iron</p> <p>Discontinue Aspirin, Ibuprofen, Advil®/Motrin® and Anti-Inflammatory Medicines. You may use Tylenol® (Acetaminophen) for discomfort.</p> <p>Certain blood thinning medications may be stopped by your doctor. We will contact your doctor, and let you know if you need to stop them 5 days before your procedure. If you take Coumadin® (Warfarin), you will need to have a prothrombin time performed before 11:00 AM the day before your procedure.</p>	<p>No solid food after midnight. You can have clear liquids (see Clear Liquids Diet on back) up until 2 hours prior to your procedure. No Insulin or Diabetic Medication the morning of your procedure.</p> <p>Three hours before your procedure is scheduled, give yourself the first Fleet’s enema; hold it as long as possible, then release it.</p> <p>One hour prior to leaving for your scheduled appointment, give yourself the second Fleet’s enema; hold it as long as possible, then release it.</p> <p><b>If you are having sedation you must have someone to drive you home after the procedure.</b> Sedation given for the exam may affect you for several hours. <b>You will not be allowed to drive for 24 hours following the procedure.</b> A taxi can only be used if you are accompanied by a friend or family member. <b>When you return home it is advisable for someone to stay with you until effects of the sedation have worn off.</b></p> <p>If you have any questions, feel free to contact us at 603-924-1759 between 8:30am and 5:00pm, Monday through Friday.</p>

## **CLEAR LIQUID DIET**

A clear liquid diet includes only liquids without pulp and particles and that when held up to light you can see through it. All red colored liquids must be avoided as they may hide polyps and/or alter the natural color of the colon mucosa.

Clear liquid choices are:

- Water
- Juice that you can see through (examples: apple, cranberry, white grape juice)
- NO JUICES CONTAINING PULP (examples: orange, grapefruit, tomato, apricot, etc.)
- Jell-O® (gelatin) any flavor **except** red coloring
- Popsicles, Italian ice, or ice pops without fruit (no sherbet or ice cream)
- Fat free chicken or beef broth or bouillon
- Soda
- Sports drinks – **any flavor except red drinks**
- Powdered clear “juice” mixes such as Kool-Aid® or Crystal Light® – **any flavor except red flavors/dyes**
- Coffee or tea with sugar or artificial sweetener but **NO dairy** (milk, cream or non-dairy creamers)

## **DO NOT USE:**

- **Dairy products (milk, cream, non-dairy creamers, half and half, ice cream, soy milk, etc.,)**
- **Juices with pulp (orange, grapefruit, pineapple, tomato, apricot, etc.)**
- **Soups such as chicken noodle soups or other soups that contain vegetables, noodles, pasta or tomato. Broths must be clear and “see-through” without particles.**

# GI ASSOCIATES OF NH

60 Commercial Street, Suite 404  
Concord, NH 03301  
603-228-1763  
603-228-7088 fax

454 Old Street Rd, Suite 208  
Peterborough, NH 03458  
603-924-1759  
603-924-4687 fax

## Patients Responsibility Prior to Procedure

Patient Name: \_\_\_\_\_

Procedure: \_\_\_\_\_

Date & Time of Procedure: \_\_\_\_\_

Place of Procedure: \_\_\_\_\_

We require that you contact your insurance company to verify that you are covered for the procedure above. On the back of your insurance card should be numbers for you to use to contact your insurance company, please call them to ensure that you are covered and are aware of any out-of-pocket expenses that you may owe.

In addition to your physician bill and the hospital or facility bill, you may receive separate bills from pathology, radiology, laboratory, and anesthesia depending on the procedure.

If you have any questions regarding the insurance coverage of your procedure GI Associates is happy to assist you. *Please call 603-228-1763 and ask to speak to a billing specialist.* GI Associates will work directly with you and your insurance company to ensure that everyone is aware of the possible out-of-pocket costs.

If you do not have health insurance and need Financial Aid or you need to set up a payment plan please call the following numbers depending on your place of procedure.

- Concord Endoscopy Center or Concord Gastroenterology, PA – 603-228-1763 (payment plans)
- Concord Hospital - 603-225-2711 ask for Patient Accounts (financial aid)
- Dartmouth-Hitchcock – 603-229-5080 (financial aid)
- Monadnock Community Hospital – 603-924-4699 ext 4281 (Financial Aid or a Payment Plan)

Be sure to ask your insurance company the following questions:

- What are my policy benefits for this procedure?
- What is my deductible and co-insurance?
- What portion of the charges will I be responsible for?
- (if your procedure is a colonoscopy) What is the difference between a screening and diagnostic colonoscopy and how does that effect how my insurance covers costs?
- Which lab facilities am I allowed to have specimens sent to?

***If your insurance company requests diagnostic codes or procedure codes GI Associates can never be sure which code will apply until the physicians makes the determination during the procedure. Please ask your insurance to review all scenarios of coverage.***