

---

## Instructions for at Providence with our doctors

*Dear patient,*

Thank you for scheduling your procedure with our office. Please make sure to read through the instruction packet thoroughly. Once you have done that, if you still have questions, please contact the office. For after hour emergencies you can also call our answer service Perfect Serve at 866-830-7280.

### IMPORTANT THINGS TO REMEMBER

- Please make sure to **follow the instructions** for your prep thoroughly. Please pay special attention to all dietary and medication restrictions. Review everything on **page 2** of these date sensitive instructions.
- Follow the bowel **prep for procedure from the website, as indicated** by your provider. Please pick up your bowel prep in advance of your procedure.
- If you are taking any blood thinners, a fax will be sent to your prescribing doctor for clearance to stop the medication.
- If you are having a Colonoscopy, it is the patient's responsibility to **contact their insurance** company to make sure that this is a covered procedure. Please **check with your insurance** to understand your benefits prior to having a medical procedure. Please review, **sign and send back pages 6 &/or 7**. Medicare, part B, does not require a referral. If your commercial insurance company requires a referral, it is the patient's responsibility to obtain this from their primary care physician. If you require a prior authorization for your procedure let us know and we will call.
- You **MUST have a driver**. They have to remain at the facility and drive you home after your procedure.
- You are **going to the outpatient surgery center, not the office**; see **maps on page 8 & 9**.

**Providence Hospital** Main entrance- Southfield

16001 W. 9 Mile Rd. @ Greenfield  
Southfield, MI 48075

**Providence Park Hospital**, Outpatient Center - Novi

47601 Grand River Ave @ Beck  
Novi, MI 48374

- If you need to cancel your procedure, please contact the office as soon as possible. If the office is closed, you will be directed to the answering service. Office hours are 8:00 a.m. to 4:00 p.m. To reschedule procedures talk to the front desk receptionist, please do not leave a message on any machine, this will delay the process.
- If you require any special services during your procedure please inform office.

Again, *thank you* for choosing our office to have your procedure!

*Providence Staff and Doctors*

# PROVIDENCE GASTROENTEROLOGY

*Designated Patient-Centered Specialty Practice*

26850 Providence Parkway, Suite 350, Novi, MI 48374

22250 Providence Drive, Suite 703, Southfield, MI 48075

LAURENCE E. STAWICK, M.D., A.G.A.F.

MARK S. DeVORE, M.D., F.A.C.P.

JULIA S. GREER, M.D.

KHA H. NGO, D.O.

SERGE A. SORSER, M.D.

Phone (248) 662-4110 Fax (248) 662-4120

Phone (248) 569-1770 Fax (248) 443-2439

Use surgery **date and time given by staff member** **Please arrive 1 hour earlier** from your scheduled time for registration, nurse and pre anesthesia interview.

Location: See Maps on Page 8 & 9

**Providence Hospital** Main entrance- Southfield

16001 W. 9 Mile Rd. @ Greenfield

Southfield, MI 48075

use the 9 Mile entrance,

**Providence Park Hospital**, Outpatient Center - Novi

47601 Grand River Ave @ Beck

Novi, MI 48374

the 2<sup>nd</sup> floor of the Outpatient Building

Providence Novi Outpatient Building door has a pyramid canopy with a statue of two nuns in front and is the building facing Grand River Ave.

If you are **unable to keep your appointment**, call the office **48 hours in advance** to cancel the procedure.

Note: Any less time to cancel or reschedule may result in a charge for set up, boarding and rescheduling.

<b>2 wks. Prior</b>	1. <b>If you take Diet pills</b> not limited to but including, <b>Phenteramine</b> (Phen-Phen Diet Pills), stop this and any type of diet medication 2 weeks prior to procedure.
<b>1 Wk. Prior</b>	1. <b>DO NOT EAT</b> foods containing <b>small seeds</b> (nuts, tomatoes, cucumbers, rye, popcorn, sesame, caraway, poppy and grapes). 2. <b>Stop Iron</b> , 1 week before your procedure.
<b>7-5-2 days prior</b>	3. If you take the following medications, stop according to medical guidelines. If you are a <b>heart patient</b> and taking these medications, <b>consult your cardiologist</b> prior to stopping. • <b>Stop Effient (prasugrel)</b> 7 days prior. • <b>Stop Coumadin (warfarin), Plavix (clopidogrel) &amp; Brilinta (ticagrelor)</b> 5 days prior. • <b>Stop Pradaxa (dabigatran), Xarelto (rivaroxaban), Eliquis (apixaban) &amp; Savaysa (edoxaban)</b> 2 days prior.
<b>DAY BEFORE</b>	1. <b>Use Bowel Prep from Website</b> 2. Follow <b>Instructions for bowel prep</b> sheet carefully, as indicated by your provider. 3. To measure oxygen during your procedure, please <b>remove any dark nail polish</b> . 4. If you are <b>diabetic</b> , Please <b>hold your diabetic medication the night before</b> your procedure <b>and the morning of</b> . If you need help with medication dosage, please ask your primary doctor.
<b>Day Of Procedure</b>	1. On the <b>morning</b> of your examination, <b>take your heart and/or blood pressure medication</b> between <b>5 &amp; 6 a.m.</b> with a small sip of water Please brush your teeth, do not swallow toothpaste. After your shower, <b>do not use body lotion</b> . NO gum or hard candy. No diabetic medicine. 2. <b>Do not eat until after your procedure.</b> 3. If your procedure begins after 11 a.m., you may have a clear liquids; this must be done 3 hours prior. <b>Nothing by mouth 3 hours prior to the procedure.</b> 4. <b>Bring someone with you</b> to stay during your procedure and take you home. If you arrive alone, your examination will be cancelled. 5. Please <b>be on time</b> . If you are late, you will be the cause of major delays for all other patients' undergoing similar examinations. Furthermore, if you are late, your examination may be cancelled so that the schedule for other patients can be maintained.
<b>After Procedure</b>	1. After you are <b>discharged</b> , return home. <b>Do not drive</b> , operate machinery, or drink alcoholic beverages for <b>18-24 hours</b> . 2. If you have any complications (vomiting, abdominal pain, tenderness, fever or bleeding) after returning home, call the office at 248-662-4110, after 4 p.m. call the answering service at 866-830-7280.

## Understanding Colonoscopy

Your physician determined that colonoscopy is necessary for further evaluation or treatment of your condition. This brochure has been prepared to help you understand the procedure. It includes answers to questions patients ask most frequently. Please read it carefully. If you have additional questions, please feel free to discuss them with the endoscopy nurse or your physician before the examination begins.

### What is colonoscopy?

Colonoscopy is a procedure that enables your physician to examine the lining of the colon (large bowel) for abnormalities by inserting a flexible tube that is about the thickness of your finger into the anus and advancing it slowly into the rectum and colon.

### What preparation is required?

The colon must be clean for the procedure to be accurate and complete. Your physician will give you detailed instructions regarding the dietary restriction to be followed and the cleansing routine to be used. In general, preparation consists of either consumption of a large volume of a special cleansing solution purchased over the counter or by prescription. Follow your doctor's instructions carefully. If you do not, the procedure may have to be canceled and repeated later.

### What about my current medications?

Most medications may be continued as usual, but some medications can interfere with the preparation or the examination. It is therefore best to inform your physician of your current medications as well as any allergies to medications several days prior to the examination. Aspirin products, arthritis medications, anticoagulants (blood thinners), insulin, and iron products are examples of medications whose use should be discussed with your physician prior to the examination. You should alert your doctor if you require antibiotics prior to undergoing dental procedures, since you may need antibiotics prior to colonoscopy as well.

### What can be expected during colonoscopy?

Colonoscopy is usually well tolerated and rarely causes much pain. There is often a feeling of pressure, bloating, or cramping at times during the procedure. Your doctor will give you sedation through a vein to help you relax and better tolerate any discomfort from the procedure. You will be lying on your side or back while the colonoscope is advanced slowly through the large intestine. As the colonoscope is slowly withdrawn, the lining is again carefully examined. The procedure usually takes 15 to 60 minutes. In some cases, passage of the colonoscope through the entire colon to its junction with the small intestine cannot be achieved. The physician will decide if the limited examination is sufficient or if other examinations are necessary.

### What if the colonoscopy shows something abnormal?

If your doctor thinks an area of the bowel needs to be evaluated in greater detail, a forceps instrument is passed through the colonoscope top to obtain a biopsy (a sample of the colon lining). This specimen is submitted to the pathology laboratory for analysis. If colonoscopy is being performed to identify sites of bleeding, the areas of bleeding may be controlled through the colonoscope by injecting certain medications or by coagulation (sealing off bleeding vessels with heat treatment). If polyps are found, they are generally removed. None of these additional procedures typically produce pain. Remember, the biopsies are taken for many reasons and do not necessarily mean cancer is suspected or present.

## **What are polyps and why are they removed?**

Polyps are abnormal growths from the lining of the colon which vary in size from a tiny dot to several inches. The majority of polyps are benign (non-cancerous) but the doctor cannot always tell a benign from a malignant (cancerous) polyp by its outer appearance alone. For this reason, removed polyps are sent for tissue analysis. Removal of colon polyps is an important means of preventing colorectal cancer.

## **How are polyps removed?**

Tiny polyps may be totally destroyed by fulguration (burning), but larger polyps are removed by a technique called snare polypectomy. The doctor passes a wire loop (snare) through the colonoscope and severs the attachment of the polyp from the intestinal wall by means of an electrical current. You should feel no pain during the polypectomy. There is a small risk that removing a polyp will cause bleeding or result in a burn through the wall of the colon, which could require emergency surgery.

## **What happens after colonoscopy?**

After colonoscopy, your physician will explain the results to you. If you have been given medications during the procedure, someone must accompany you home from the procedure because of the sedation used during the examination. Even if you feel alert after the procedure, your judgment and reflexes may be impaired by the sedation for the rest of the day, making it unsafe for you to drive or operate any machinery.

You may have some cramping or bloating because of the air introduced into the colon during the examination. This should disappear quickly with passage of flatus (gas). Generally you should be able to eat after leaving the endoscopy, but your doctor may restrict your diet and activities, especially after polypectomy.

## **What are the possible complications of colonoscopy?**

Colonoscopy and polypectomy are generally safe when performed by physicians who have been specially trained and are experienced in these endoscopic procedures.

One possible complication is a perforation or tear through the bowel wall that could require surgery. Bleeding may occur from the site of biopsy or polypectomy. It is usually minor and stops on its own or can be controlled through the colonoscope. Rarely, blood transfusions or surgery may be required. Other potential risks include a reaction to the sedatives used and complications from heart or lung disease. Localized irritation of the vein where the medication was injected may rarely cause a tender lump lasting for several weeks, but this will go away eventually. Applying heat packs or hot moist towels may help relieve discomfort.

Although complications after colonoscopy are uncommon, it is important for you to recognize early signs of any possible complication. Contact your physician who performed the colonoscopy if you notice any of the following symptoms: severe abdominal pain, fever and chills, or rectal bleeding of more than one half cup. Bleeding can occur several days after a polypectomy.

## **To the patient**

Because education is an important part of comprehensive medical care, you have been provided with this information to prepare you for this procedure. If you have any questions about your need for upper endoscopy, alternative tests, the costs of the procedure, methods of billing, or insurance coverage do not hesitate to speak to your doctor or doctor's office staff about it. Most endoscopists are highly trained specialists and welcome your questions regarding their credentials and training. If you have any questions that have not been answered, please discuss them with the endoscopy nurse or your physician before the examination begins.

Due to the ever changing insurance industry we require an Advance Benefit Notification (ABN) on file prior to your procedure. Please check with your insurance to understand your benefits prior to having a medical procedure.

If you have a **Medicare Policy, please sign** the Advance Beneficiary Notice of Non-coverage (ABN) on **Page 6** and mail or fax it to us.

If you have a **Commercial Insurance Policy, please sign** the form on **Page 7** and mail or fax it to us.

- 1) Please check with your insurance to understand your benefits prior to having a medical procedure.
- 2) Please ask your commercial insurance company if you need a prior authorization. If a prior authorization is required, give the office a call and let us know. Medicare does not require an authorization at this time.
- 3) We will call and get your procedure approved.

**The insurances we have on file for you are listed below.**

Primary Insurance: \_\_\_\_\_ Phone #: \_\_\_\_\_

ID#: \_\_\_\_\_ Group: \_\_\_\_\_

Insured Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ Phone #: \_\_\_\_\_

ID#: \_\_\_\_\_ Group: \_\_\_\_\_

Insured Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Please send the signed insurance forms to:  
**26850 Providence Parkway, Suite 350, Novi, MI 48374, Fax (248) 662-4120**

A. Notifier: (Get your scheduled codes from secretary at the office when you make the appointment)

B. Patient Name: \_\_\_\_\_ **dob** \_\_\_\_\_ C. Medicare ID#: \_\_\_\_\_

## Advance Beneficiary Notice of Non-coverage (ABN)

**NOTE:** If Medicare doesn't pay for **D. Colonoscopy** below, you may have to pay.

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the **D. Colonoscopy** below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost
Colonoscopy <u>YOUR PROCEDURE</u> <input type="checkbox"/> Routine Screen Colon <b>G0121</b> <input type="checkbox"/> High Risk Screen Colon <b>G0105</b> <input type="checkbox"/> Diagnostic Colon <b>45378</b>	Frequency- (Medicare limit- 1 Screening Colonoscopy every 10 years) <u>YOUR REASON FOR APPT:</u> <input type="checkbox"/> Screening for Colon Cancer <b>Z12.11</b> <input type="checkbox"/> Personal history of polyps <b>Z86.010</b> <input type="checkbox"/> Personal history of colon G I organs <b>Z80.0</b> <input type="checkbox"/> Change in bowel habits <b>R19.4</b> <input type="checkbox"/> _____	Physician Charges 600.00  <u>Other charges call Facility</u> Providence Southfield 248-849-3474 Prov. Park Novi 248-465-4120

### WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the **D. Colonoscopy** listed above.

**Note:** If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

### G. OPTIONS: Check only one box. We cannot choose a box for you.

- OPTION 1.** I want the **D. Colonoscopy** listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.
- OPTION 2.** I want the **D. Colonoscopy** listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**
- OPTION 3.** I don't want the **D. Colonoscopy** listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

### H. Additional Information:

**This notice gives our opinion, not an official Medicare decision.** If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature:	J. Date:
---------------	----------

**CMS does not discriminate in its programs and activities. To request this publication in an alternative format, please call: 1-800-MEDICARE or email: [AltFormatRequest@cms.hhs.gov](mailto:AltFormatRequest@cms.hhs.gov).**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

# ABN Commercial Insurance Coverage & Colonoscopy Exams

## Important – Please Read

After having your colonoscopy exam, your insurance policy is billed. Usually there are 3-5 claims submitted to your insurance: a doctor's fee, a facility fee, an anesthesia fee, a CRNA nurse fee and possibly a lab fee (if polyps or biopsies were taken). Our office is only responsible for the "doctors billing" portion of your procedure. **Physician Charge-COLONOSCOPY approx. \$ 600.00** (NOTE: Insurance companies have a contracted discounted price)

Billers for Stawick, Greer, Ngo and Sorser number is 248-662-4116. Biller for Dr. DeVore number is 586-751-6034.

If you have questions in regards to facility bills, anesthesia bills, or lab bills, you must contact those billing departments' separately. **Facilities has their own fees, the following locations may be able to help you.**

<b>Providence Park Novi, 248-465-4120</b>	<b>Providence Southfield, 248-849-3474</b>
---	--

It is always wise to check your insurance benefits, co pays, & deductibles prior to your colonoscopy exam. Because of the extremely large volume of patients we see, it is impossible for our office to check your policy. We ask that you take on the responsibility of checking your own health insurance contract. **It is important to know that YOU are responsible to understand the terms of your own policy, not the doctor.**

To ask questions regarding your insurance policy there's usually customer service phone numbers on your card for you to contact a representative.

If you've been referred to our doctors for a routine/screening colonoscopy, it is important to know that some insurance policies will **not** cover routine colonoscopy for screening purposes. Again, you must check your insurance benefits to find out if screening colonoscopy are covered under your policy. Patients who have screening examinations have no signs or symptoms, and have a set benefit from their insurance company.

If a polyp is found & removed during the exam, again your insurance will be billed as a medical colonoscopy and not a screening exam (**even though you were initially referred for a routine/screening colonoscopy**). This may also mean that you will be obligated to pay for any co pays deductibles' associated with your policy.

We would like you to know that our #1 priority is to save lives & to help prevent and treat colorectal diseases. Please understand that we do not write your insurance policy, nor do we have control over what your insurance pays for or doesn't pay for. We merely perform the exam and bill your insurance policy; **THAT IS IT!** We are here to help you if you do have insurance issues, but again if you have questions or problems talk to an insurance representative first.

### **Here are some helpful questions to ask you insurance representative prior to your exam.**

1. I have no medical symptoms, am I covered for a routine or screening colonoscopy?
2. What happens if I am scheduled for a routine colonoscopy but polyps are found and removed during the exam? Will I have to pay a co pay or deductible?
3. What are the maximum payments my policy will allow for a colonoscopy exam?
4. What are my annual co pays and or deductibles'? Have they been met? Is the doctor I'm scheduled with in my network?
5. Does this insurance require a prior authorization?

**Procedure Code:** *(Get your scheduled codes from secretary at the office when you make the appointment)*

Routine Screening Colonoscopy **G0121**  High Risk Screening Colonoscopy **G0105**  Diagnostic Colonoscopy **45378**

**Diagnosis Code(s) for the appointment:**  Screening for Colon Cancer **Z12.11**,  Personal history of polyps **Z86.010**,  Personal history of colon G I organs **Z80.0**,  Change in bowel habits **R19.4**,  Other

I acknowledge that I have read the above statement and will be responsible for my deductible, co-pay, and out-of pocket expenses in the event that my insurance company does not cover my scheduled colonoscopy.

**Please sign, date and return to our office by mail or fax, form must be in file prior to procedure.**

**26850 Providence Parkway, Suite 350, Novi, MI 48374, Fax (248) 662-4120**

Name:

Date of birth:

Patient's Signature:

Date

## Providence Hospital Southfield #1 on Map

## Providence Park Novi #11 on Map

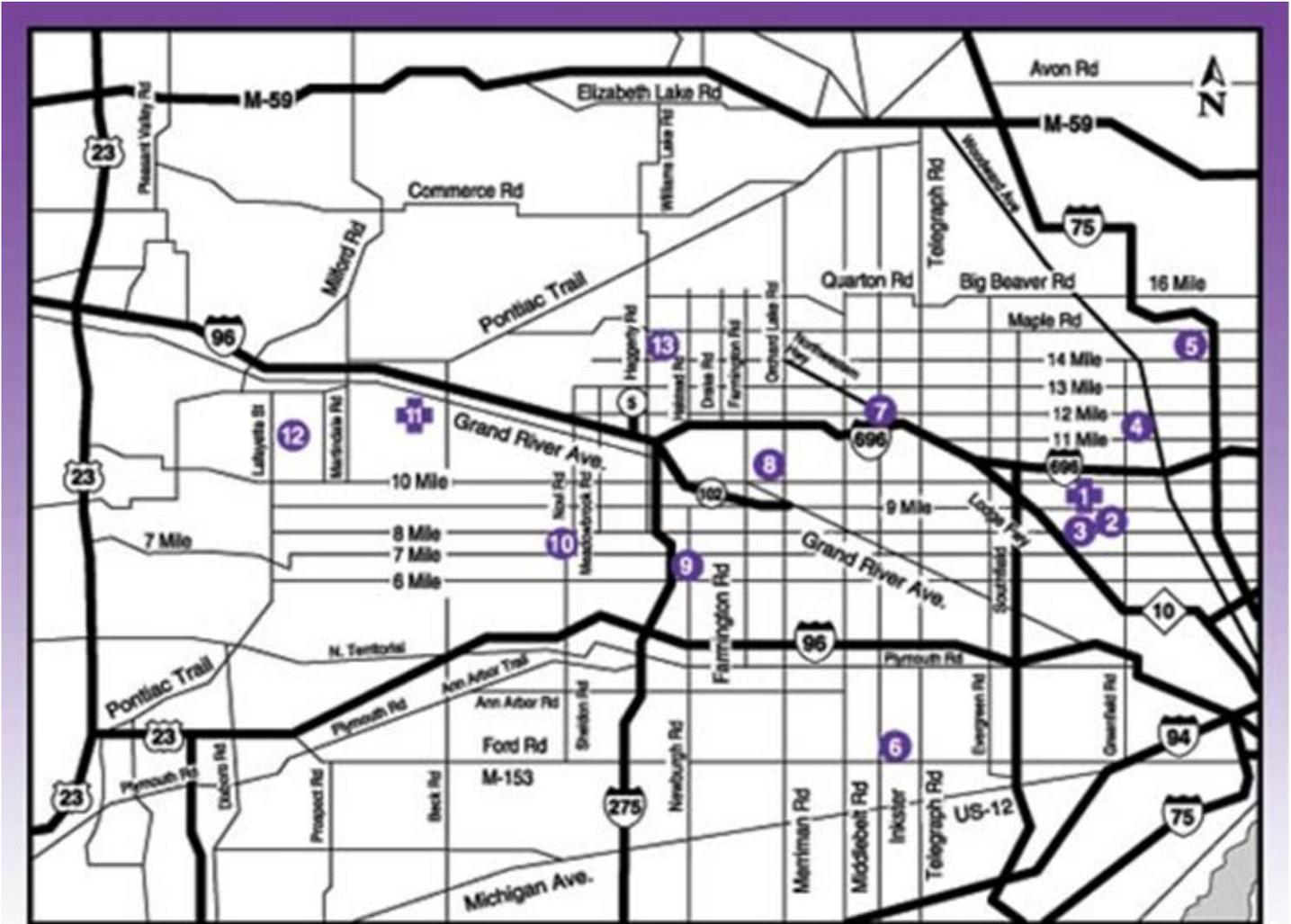
### [Providence Hospital Main entrance- Southfield](#)

16001 W. 9 Mile Rd. @ Greenfield  
Southfield, MI 48075

use the 9 Mile entrance,

### [Providence Park Hospital, Outpatient Center - Novi](#)

47601 Grand River Ave @ Beck  
Novi, MI 48374



**Providence Hospital** Main entrance- Southfield

16001 W. 9 Mile Rd. @ Greenfield  
Southfield, MI 48075  
use the 9 Mile entrance,

**Providence Park Hospital**, Outpatient Center - Novi

47601 Grand River Ave @ Beck  
Novi, MI 48374

Main **Outpatient Building** door has a **pyramid canopy** with a **statue of two nuns** in front and is the building facing Grand River Ave.

**Southfield Campus Map**

**Endoscopy**, use 9 mile Entrance



**Novi Campus Map**

Endoscopy, use **Outpatient Center Entrance**

- 1. Providence Endoscopy on 2<sup>nd</sup> floor

