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**Instructions for an Esophagogastroduodenoscopy (EGD) at Providence  
with our doctor.**

*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.
- 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 procedure, 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 page 4 for medicare & 5 for all other insurances**. 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 your commercial insurance company requires an authorization please let us know and we can 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 **6 & 7**.
- 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 Gastro 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

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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 6 & 7

**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

<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>Stop Iron</b> , 1 week before your procedure.
<b>7-5-2 days prior</b>	2. 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. <ul style="list-style-type: none"> <li>• <b>Stop Effient (prasugrel)</b> 7 days prior.</li> <li>• <b>Stop Coumadin (warfarin), Plavix (clopidogrel) &amp; Brilinta (ticagrelor)</b> 5 days prior.</li> <li>• <b>Stop Pradaxa (dabigatran), Xarelto (rivaroxaban), Eliquis (apixaban) &amp; Savaysa (edoxaban)</b> 2 days prior.</li> </ul>
<b>Day Before</b>	1. Take <b>nothing by mouth after midnight for morning procedures.</b> 2. To measure oxygen during your procedure, please <b>remove any dark finger nail polish.</b> 3. If you are <b>diabetic</b> , Please <b>hold your diabetic medication the night before your procedure 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 between 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 8 a.m. to 4 p.m., after 4 p.m. call the answering service at 866-830-7280.

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## Understanding Upper Endoscopy

### What is upper endoscopy?

Upper endoscopy lets your doctor examine the lining of the upper part of your gastrointestinal tract, which includes the esophagus, stomach and duodenum (first portion of the small intestine). Your doctor will use a thin, flexible tube called an endoscope, which has its own lens and light source, and will view the images on a video monitor. You might hear your doctor or other medical staff refer to upper endoscopy as upper GI endoscopy, esophagogastroduodenoscopy (EGD) or panendoscopy. If your doctor has recommended upper endoscopy, this brochure will give you a basic understanding of the procedure - how it's performed, how it can help, and what side effects you might experience. It can't answer all of your questions, since a lot depends on the individual patient and the doctor. Please ask your doctor about anything you don't understand.

### Why is upper endoscopy done?

Upper endoscopy helps your doctor evaluate symptoms of persistent upper abdominal pain, nausea, vomiting or difficulty swallowing. It's an excellent test for finding the cause of bleeding from the upper gastrointestinal tract. It's also more accurate than X-ray films for detecting inflammation, ulcers and tumors of the esophagus, stomach and duodenum.

Your doctor might use upper endoscopy to obtain a biopsy (small tissue samples). A biopsy helps your doctor distinguish between benign and malignant (cancerous) tissues. Remember, biopsies are taken for many reasons, and your doctor might order one even if he or she does not suspect cancer. For example, your doctor might use a biopsy to test for *Helicobacter pylori*, bacterium that causes ulcers. Your doctor might also use upper endoscopy to perform a cytology test, where he or she will introduce a small brush to collect cells for analysis. Upper endoscopy is also used to treat conditions of the upper gastrointestinal tract. Your doctor can pass instruments through the endoscope to directly treat many abnormalities with little or no discomfort. For example, your doctor might stretch a narrowed area, remove polyps (usually benign growths) or treat bleeding.

### How should I prepare for the procedure?

An empty stomach allows for the best and safest examination, so you should have nothing to eat or drink, including water, for approximately six hours before the examination. Our doctors would like you to start fasting after midnight the night before. Tell your doctor in advance about any medications you take; you might need to adjust your usual dose for the examination. Discuss any allergies to medications as well as medical conditions, such as heart or lung disease. Also, alert your doctor if you require antibiotics prior to undergoing dental procedures, because you might need antibiotics prior to upper endoscopy as well.

### What can I expect during upper endoscopy?

After being wheeled to a procedure room and placed on a monitor, you will receive sedation, at intervals, to relax you and help to keep you comfortable through the procedure. Your doctor may also spray your throat with a local anesthetic, and your doctor will pass the endoscope through your mouth and into the esophagus, stomach and duodenum. Staff members will closely watch your condition, including heart rate, blood pressure and oxygen levels, during and after the test. The endoscope doesn't interfere with your breathing, most patients consider the test only slightly uncomfortable, and many patients fall asleep during the procedure.

### What happens after upper endoscopy?

You will be monitored until most of the effects of the medication have worn off. Your throat might be a little sore, and you might feel bloated because of the air introduced into your stomach during the test. You will be able to eat after you leave unless your doctor instructs you otherwise. Your doctor generally can tell you your test results on the day of the procedure; however, the results of some tests might take several days. If you received sedatives, you won't be allowed to drive after the procedure even though you might not feel tired. You should arrange for someone to accompany you home because the sedatives might affect your judgment and reflexes for the rest of the day.

### What are the possible complications of upper endoscopy?

Although complications can occur, they are rare when doctors who are specially trained and experienced in this procedure perform the test. Bleeding can occur at a biopsy site or where a polyp was removed, but it's usually minimal and rarely requires follow-up. Other potential risks include a reaction to the sedative used, complications from heart or lung diseases, and perforation (a tear in the gastrointestinal tract lining). It's important to recognize early signs of possible complications. If you have a fever after the test, trouble swallowing or increasing throat, chest or abdominal pain, tell your doctor immediately.

A. Modifier: **(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. Esophagogastroduodenoscopy (EGD)** 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. Esophagogastroduodenoscopy (EGD)** below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost
<u>Esophagogastroduodenoscopy (EGD)</u> <input type="checkbox"/> with biopsy 43239 <input type="checkbox"/> with dilation 43248 <input type="checkbox"/> with botox 43236	Frequency- (Medicare limit) <u>YOUR REASON FOR APPT:</u> <input type="checkbox"/> GERD <b>K21.9</b> <input type="checkbox"/> Dysphagia <b>R13.10</b> <input type="checkbox"/> Epigastric Pain <b>R10.13</b> <input type="checkbox"/> Nausea <b>R11.0</b> <input type="checkbox"/> Gastritis <b>K29.70</b>	Physician Charges 475.00 <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. Esophagogastroduodenoscopy (EGD)** 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. Esophagogastroduodenoscopy (EGD)** 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. Esophagogastroduodenoscopy (EGD)** 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. Esophagogastroduodenoscopy (EGD)** 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.

<b>I. Signature:</b>	<b>J. Date:</b>
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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.

# Advance Benefit Notice: Commercial Insurance Coverage for EGD

## Important – Please Read

After having your endoscopy 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- EGD with biopsy approx. \$ 475.00 (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>
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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.** It is always wise to check your insurance benefits, co pays, & deductibles prior to your endoscopy exam.

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

We would like you to know that our #1 priority is to save lives & to help prevent and treat digestive 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. Do I have to go to a certain location or see a "network doctor"?
  - a. If so, ask if the surgery center and doctor are still in network.
2. What are the maximum payments my policy will allow for this exam?
3. What are my annual co pays and or deductibles'? Have they been met? Is the doctor I'm scheduled with in my network?
4. Does this insurance require a prior authorization?

**You are scheduled for an Esophagogastroduodenoscopy (EGD) Procedure Code:**

**(Get your scheduled code from secretary at the office when you make the appointment)**

with biopsy **43239**  with dilation **43248**  with Botox **43236**

**Diagnosis Code(s) for the appointment:**  GERD **K21.9**  Dysphagia **R13.10**  Epigastric Pain **R10.13**

Nausea **R11.0**  Gastritis **K29.70** (Use the diagnosis and code given to you by the office)

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

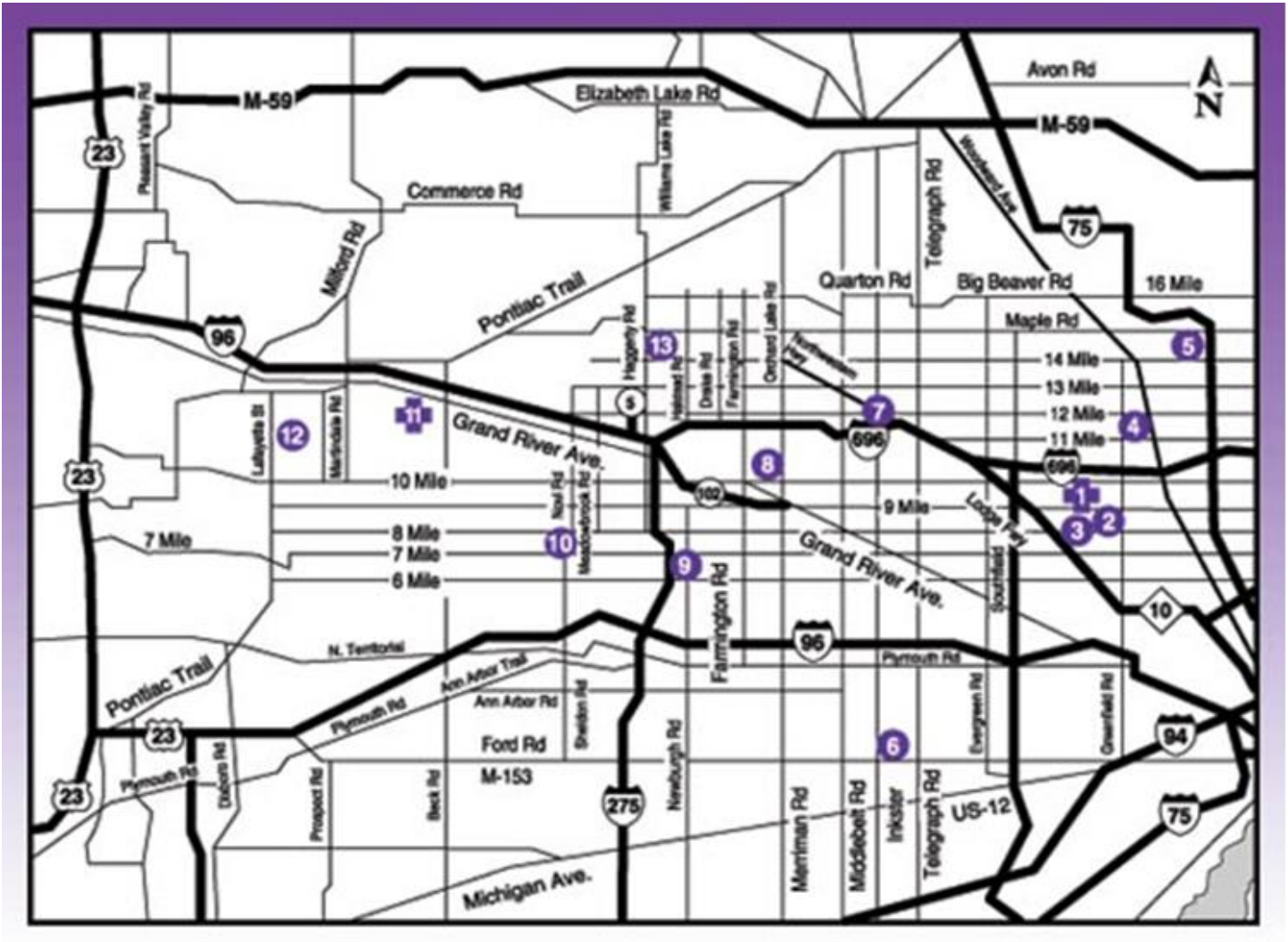
## Providence Park Novi #11 on Map

### [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**

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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

