



Dear Patients:

IT IS THE PATIENT'S RESPONSIBILITY TO UNDERSTAND AND FOLLOW THE GUIDELINES OF THEIR INSURANCE PLANS.

We will make every effort to obtain authorization or referral from your primary care physician, however, you must be aware of your insurance benefits. Please contact the number on the back of your insurance card for coverage information, out of pocket estimates, and general questions about your healthcare coverage.

A screening colonoscopy may be a covered benefit under your plan; however, if ANY medical condition is found (ex: diverticular disease, polyps, ect.), your benefits will revert to the medical aspect of your plan, and you would be responsible for any copays or deductibles. Legally, we cannot and will not re-bill any claims to the insurance company after the procedure has been done.

### **"NO SHOW" POLICY**

We ask that you please call us at least 72 business hours in advance to cancel or reschedule your procedure. Patients who fail to cancel or call will be subject to a \$50 "NO SHOW" fee. This fee will be charged directly to the patient and must be paid in full before any rescheduling or office visit can occur.

SOUTH OAKLAND GASTROENTEROLOGY ASSOCIATES, P.C.

PATIENT:

DATE:

SCHEDULER:

DOCTOR:

PROCEDURE:

COLONOSCOPY

EGD

LIVER BIOSPY

ERCP

SBE

OTHER: \_\_\_\_\_

SCHEDULED AT:

BEAUMONT FARMINGTON  
28080 GRANDRIVER AVE, DOOR #3  
FARMINGTON HILLS, MI 48336

LAKES MEDICAL CENTER  
2300 HAGGERTY ROAD, SUITE 1000  
WEST BLOOMFIELD, MI 48323

HURON VALLEY HOSPITAL  
1 WILLIAMS CARLS DRIVE  
COMMERCE, MI 48382

**The facility will call you after 1pm in the afternoon the before your procedure to give you the arrival time.** If you are unable to answer they will leave you a voicemail. Anesthesia pre-screening will also call you 3-5 business days prior to your scheduled procedure to confirm medical history for the anesthesiologist, the facility will leave a message if you are unable to answer. However, this call is mandatory and therefore must be completed prior to your procedure date, failure to complete this may result in cancelation by the facility. **The only exception to this is if your procedure is at the Lakes Medical Center, they will send confirmation via text/email. If not confirmed electronically, Lakes will call the day prior after 1pm to confirm and give arrival time.**

Please refer to Bowel Prep instruction page on how to properly prepare for your upcoming procedure. If you have any questions or concerns regarding your assigned prep, please contact your scheduler to discuss prep options.

**\*\*\*YOU MUST HAVE A DRIVER FOR YOUR PROCEDURE\*\*\***

Transportation does NOT include cab, uber, lyft, bus, taxi, or shuttle service. Your procedure will be cancelled by the facility if you do not have a driver. Your driver must remain on the premises throughout the duration of your procedure.

Reminder:

- NO ASPIRIN OR IBUPROFEN SEVEN DAYS BEFORE YOUR PROCEDURE UNLESS ADVISED BY A PRESCRIBING PHYSICIAN. (BABY ASPIRIN 81MG IS OK).
- TYLENOL IS OK
- BLOOD THINNERS WILL NEED TO BE HELD PRIOR TO YOUR PROCEDURE, PLEASE CONTACT YOUR PRESCRIBING DOCTOR FOR CLEARANCE. OUR OFFICE CAN NOT ADVISE ON WHEN TO HOLD BLOOD THINNERS, THIS MUST COME FROM PRESCRIBING DOCTOR. DO NOT TAKE YOURSELF OFF ANY BLOOD THINNERS UNLESS YOU HEAR FROM OUR OFFICE OR YOUR CARDIOLOGIST.
- NO IRON SUPPLIMENTS OR MULTIVITAMINS CONTAINING IRON THREE DAYS PRIOR TO YOUR EXAM.

\*\*\*\*\*Anesthesia Prescreening will review all other medication during medical history confirmation call 3-5 business days before your procedure and go over how and when to take your medications the day before and morning of your procedure. This again will not apply for the Lakes Medical Center who will send text/email link for online registration \*\*\*\*\*

ALL JEWELRY, CASH, CREDIT CARDS, AND CELL PHONES MUST BE LEFT AT HOME- AND DO NOT WEAR YOUR CONTACT LENSES ON THIS DAY. BE SURE TO BRING YOUR ID AND INSURANCE CARDS.