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**Specialists in Gastroenterology, Endoscopy, and Liver Disease**

Thank you for choosing Spokane Digestive! **Please read the important information below.**

Your procedure will be performed at our Ambulatory Surgery Center located at the following address:

**105 W 8<sup>th</sup> Avenue, Suite 6010, Spokane, WA 99204**

- **We recommend you park on Level C or above and take the West Tower elevator to the 6<sup>th</sup> floor**

Please be sure to bring the following to your procedure:

- 1. Responsible Driver who will remain on site for the duration of your procedure.**
  - a. Arriving without a designated driver will result in the cancellation of your procedure and a \$100 fee.**
  - b. Driver is required to sign the patient out upon discharge. Public transportation is not allowed.**
2. Form of payment for deductible, deposit, or co-insurance (we gladly accept cash, check, or card).
  - a. Please see **page 2** for additional insurance and cost information.
3. Driver's License or Identification Card
4. Insurance Card
5. List of your current medications
  - a. Please use **page 6** in this packet
6. Asthma Inhalers (if applicable)
7. Glasses
8. Please **do not** wear any jewelry, cologne, perfume, aftershave, or body lotion and leave any valuables at home.

If you have any questions about the preparation, please call 509-455-4160 and a scheduler would be happy to assist you with any questions you may have.

**Please read every page of this packet carefully and refer to the prep instructions included on page 3. They are your physician's specific instructions and following them carefully will ensure you have a successful prep. Appointments that are not cancelled or rescheduled 72 business hours in advance will be subject to an administrative fee of \$100.00.**

## Costs and Medical Insurance Information

We recognize the need for a clear understanding regarding the costs of the medical care we provide. Our aim is to be transparent with you regarding costs, what is covered and not covered by your insurance, and provide you with an estimate of expected out-of-pocket costs in advance of your procedure.

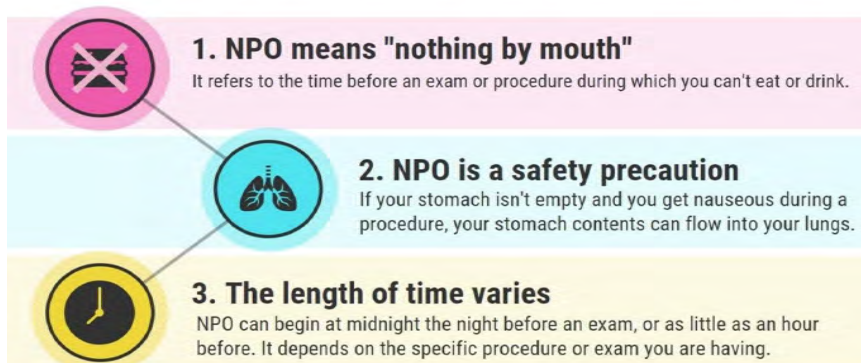
The responsibility for payment of our fees is your direct obligation. However, these are the things we do to help give you peace of mind and avoid surprise bills:

- We will attempt to verify your insurance eligibility, benefits, and pre-authorization requirements in advance of your procedure; and
- We will estimate expected out-of-pocket costs and communicate this to you in advance of your procedure. We will ask you to make a deposit against expected out-of-pocket costs at the time of your procedure. If you cannot afford to pay all of the cost at the time of your procedure, please let us know and we will try to work with you on a payment plan; and
- Answers to frequently asked questions regarding colonoscopy coding and billing can be found on our website at [www.spokanedigestive.com](http://www.spokanedigestive.com).

For procedures in our Ambulatory Surgery Center, you can expect to see the following charges:

- A fee for the physician performing the procedure, and a fee for the use of the facility (maybe two fees if you're having a combined EGD and Colon procedure).
- You will also be billed two charges for any pathology specimens that are sent to our pathology lab; one is for processing the specimen and a separate fee will be sent by the Pathologist for the interpretation.
- You may receive a bill for anesthesia services. If we determine monitored anesthesia care is medically indicated and covered by your insurance benefit. Cost and responsibility are determined by your insurance company, your policy, and our contract with your insurance company. Anesthesia services rendered may be applied to your deductible or coinsurance when applicable.

## 3 Things You Need to Know About NPO



- Here at Spokane Digestive, our biggest priority is your safety. We want to provide your procedure in the safest way possible. For this, patient compliance with guidelines is a must. One of the most important guidelines you will read in your paperwork is the ***"Nothing By Mouth"*** time. This time ensures there is little to no residual fluid or gastric contents remaining in your stomach. This means no sips, no drinks, no candies, no ice chips, no

gum, absolutely NOTHING by mouth after the designated NPO time.

### Why do we do this?

During anesthesia, the sphincter at the bottom of your esophagus relaxes allowing any remaining stomach contents to travel up the esophagus and possibly into the lungs. This can cause aspiration pneumonia and wind you up in the hospital.

PLEASE follow all guidelines written on your paperwork to ensure adequate safety and prevent procedure cancellations.

Procedure Check-in Time	Nothing by mouth start time (NPO)
6:30 AM	1:30 AM
7:00 AM	2:00 AM
7:30 AM	2:30 AM
8:00 AM	3:00 AM
8:45 AM	3:45 AM
9:15 AM	4:15 AM
9:45 AM	4:45 AM
10:15 AM	5:15 AM
11:30 AM	6:30 AM
12:00 PM	7:00 AM
12:30 PM	7:30 AM
1:00 AM	8:00 AM
1:45 AM	8:45 AM
2:15 AM	9:15 AM
2:45 AM	9:45 AM
3:15 AM	10:15 AM

**EGD Preparation Instructions for 2-day Clears, 6hr NPO**  
**Spokane Digestive Disease Center, P.S.**

7 Days Prior	3 Days Prior	2 Days Prior	1 Day Prior	Procedure Day
<p><b>Stop</b> Blood Thinners such as: <i>Aggrenox, Ticlid.*</i></p> <p><b>Stop</b> <i>Clopidogrel (Plavix), Brilinta, Effient</i> 5 days prior.*</p> <p><b>Stop</b> <i>GLP-1 medications*</i></p>	<p><b>Stop</b> Blood thinners such as: <i>Coumadin, Warfarin*</i></p> <p><b>Stop</b> Anti-inflammatory medications: <i>Motrin, Advil and Ibuprofen</i>. You may take Tylenol.*</p> <p><b>Stop</b> <i>Aspirin</i> only if you are taking it for arthritis or as a general recommendation.</p> <p><b>Do NOT stop</b> <i>Aspirin</i> if you have a history of heart disease, TIA, stroke or blood clots.</p> <p><i>*See next page of this document for additional instructions</i></p> <hr/> <p><b>Failure to follow the instructions correctly may result in cancellation of your procedure.</b></p>	<p><b>CLEAR LIQUID DIET</b></p> <p><b>Drink</b> 8 glasses of clear liquids throughout the day to stay hydrated.</p> <p><b>Stop</b> blood thinners <i>Pradaxa, Eliquis</i></p> <p>If you are <b>Diabetic</b> you may need to adjust your medication prior to the procedure. Check with your prescribing doctor.</p> <hr/> <p><b>Confirm your ride</b></p> <hr/> <p><u><i>Your driver will need to be with you when you check in and stay on the Sacred Heart Campus until the completion of your procedure.</i></u></p>	<p><b>CLEAR LIQUID DIET</b></p> <p><b>Drink</b> 8 glasses of clear liquids throughout the day to stay hydrated.</p> <p><b>Stop</b> blood thinner <i>Xarelto</i></p> <p>Continue to stay hydrated by drinking other clear liquids.</p> <p><u><i>No Milk or Dairy, solid food or anything with red or purple dye.</i></u></p> <p>Please refer to our website <a href="https://www.spokanedigestive.com">https://www.spokanedigestive.com</a> to review the clear liquid diet.</p>	<p><b>CLEAR LIQUID DIET</b></p> <p>Take your regularly scheduled heart, blood pressure or seizure medications prior to your <b>NPO (nothing by mouth) time.</b></p> <p><b>Continue to drink clear liquids</b> until 6 hours prior to arrival time, <b>NOTHING by mouth</b> after that.</p> <p><b>No gum, hard candy or mints.</b> You May brush your teeth but do not swallow.</p> <p><b>No smoking tobacco, marijuana, vaping, or chewing tobacco 6 hours prior to your procedure.</b></p>

\*See Medication Information on the next page for additional details    \*Please refer to page 3 for NPO time

## **Important Information**

**Our address:** 105 W 8<sup>th</sup> Ave, Suite 6010

**Our Phone Number:** (509)838-5950

**\*NOTIFY OUR CLINIC OF ANY COLD-LIKE SYMPTOMS WITHIN 2 WEEKS OF YOUR PROCEDURE\***

### **Medication Information**

#### **7 days prior to the procedure –**

**STOP** blood thinners such as, Aggrenox, Brillanta, Effient, Ticlid

**STOP** GLP-1 medications such as Ozempic, Mounjaro, Trizepatide, Rybelsus, Semaglutide, Victoza, Trulicity, Wegovi, Dulaglutide, Liraglutide.

#### **5 days prior to the procedure –**

**STOP** blood thinners such as Clopidogrel, Plavix, Coumadin, Warfarin, Jantoven

#### **3 days prior to the procedure –**

**STOP** anti-inflammatory medications such as Motrin, Advil and ibuprofen. You may take Tylenol.

**STOP** diabetic medications such as Jardiance, Januvia, Phentermine

**STOP** aspirin only if you are taking it for arthritis or as general recommendation. Do NOT stop aspirin if you have a history of heart disease, TIA, stroke, or blood clots.

**STOP** any foods with skins seeds or nuts. Tomatoes, cucumber, corn, popcorn, wheat breads, berries, poppy or chia seeds and nuts.

#### **2 days prior to the procedure –**

**STOP** blood thinners such as Pradaxa and Eliquis.

- If you are diabetic, you may need to adjust your medication prior to the procedure. Check with your prescribing doctor.

#### **1 day prior to the procedure –**

**STOP** blood thinners such as Xarelto

#### **Procedure day –**

Take your regularly scheduled heart, blood pressure or seizure medications 6 hours BEFORE your arrival time.

*\*If needed for nausea, take 1 ondansetron (Zofran) tablet 30 minutes prior to starting each dose of prep\**

## Accurate Medication List

(including any over-the-counter, herbal, or alternative medications)

**It is very important that you complete and bring this updated medication list with you to your scheduled procedure. Without this, our providers could make potentially harmful changes in your care.**

Name of medication	Dosage (e.g. 10mg tablet) & Route (e.g., by mouth)	Frequency (e.g., twice daily before meals)	Reason for taking & Prescribing doctor