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Specialists in Gastroenterology, Endoscopy, and Liver Disease

Thank you for choosing Spokane Digestive and entrusting us with your care. Our goal is to ensure your procedure is completed successfully. Please carefully read the information in this packet to ensure you are set up for success.

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

105 W 8th Avenue, Suite 6010, Spokane, WA 99204

We recommend you park on Level C or above and take the West Tower elevator to the 6th floor

Please be sure to bring the following to your procedure:

1. **A responsible driver over the age of 18.**
 - Your driver must accompany you at check in and remain on site for the duration of your procedure.
 - Arriving without a designated driver will result in the cancellation of your procedure and a \$100 fee.
 - 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).
 - Please see **page 4** for additional insurance and cost information.
3. Driver's License or Identification Card
4. Insurance Card
5. List of your current medications
 - Please use **page 5** 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.
9. **Just a reminder:** Following your procedure you will not be able to work, drive, operate equipment, sign any important papers, drink alcohol or take sedatives for the remainder of that day.
10. No out-of-town travel to a remote area or on a cruise ship for 1 week if polyps are removed.

Please read every page of this packet carefully and refer to the prep instructions included on page 2.

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

Appointments that are not cancelled or rescheduled 72 business hours in advance will be subject to an administrative fee of \$100.00.

Colonoscopy Preparation Instructions for Sutab Spokane Digestive Disease Center, P.S.

7 Days Prior	5 Days Prior	3 Days Prior	2 Days Prior	1 Day Prior	Procedure Day
<p>Stop blood thinners such as: Aggrenox, Brillanta, Effient, Ticlid</p> <p>Stop GLP-1 medications</p> <p>Ozempic, Mounjaro, Trizepatide, Rybelsus, Semaglutide, Victoza, Trulicity, Wegovi, Dulaglutide, Liraglutide.</p>	<p>Stop blood thinners such as: Clopidogrel (Plavix) Coumadin (Warfarin) Jantoven</p> <p>Confirm your ride. Your driver must be over the age of 18.</p> <p>Your ride must stay on campus for the entirety of your procedure and accompany you to check in.</p>	<p>Stop diabetic medications such as Jardiance, Januvia, Phentermine</p> <p>Stop Anti-inflammatory medications: Motrin, Advil and Ibuprofen or full dose Aspirin. You may take Tylenol.</p> <p>Do NOT stop 81mg Aspirin.</p> <p>Stop Iron supplements.</p> <p>Stop Fiber supplements and foods that contain skins, seeds or nuts.</p> <p>Examples: Tomatoes, cucumbers, poppy or chia seeds, popcorn, wheat breads.</p> <p>Begin low fiber diet.</p> <p>Failure to follow the instructions correctly may result in cancellation of your procedure and a \$100 fee.</p>	<p>Stop blood thinners such as: Pradaxa, Eliquis</p> <p>If you take a GLP-1 medication you <u>MUST</u> start a clear liquid diet at 12:01am.</p> <p>Drink 8 glasses of clear liquids throughout the day to stay hydrated.</p> <p>If you are Diabetic you may need to adjust your medication prior to the procedure. Check with your prescribing doctor.</p> <p>Please refer to our website to review the clear liquid diet. www.spokanedigestive.com</p>	<p>Begin Clear Liquid Diet at 12:01am</p> <p>If you take a GLP-1 medication continue clear liquid diet</p> <p>--No Solid Food--</p> <p>Stop blood thinner such as: Xarelto (Rivaroxaban), Savaysa (Edoxaban)</p> <p>12:00 PM (Noon) Take four (4) Bisacodyl tablets.</p> <p>5:00 – 7:00 PM Begin the SuTab prep.</p> <ol style="list-style-type: none"> 1.) Open 1 bottle of 12 SUTABS and fill the cup provided to the line with water (16oz) 2.) Swallow each tablet individually with water and drink the entire amount of water over the next 15 - 20 minutes. 3.) Approximately 1 hour after the last tablet is swallowed, fill the container with 16oz. of water and drink the entire amount over 30 minutes. 4.) Approximately 30 minutes after finishing the second container of water, refill the container with another 16oz. of water and drink the entire amount over 30 minutes <p>Continue to stay hydrated by drinking other clear liquids.</p> <p>IF NAUSEA OCCURS Zofran(Ondansetron) 4mg tablets have been included in your prescription. You may take one tablet 30 minutes prior to starting your prep for nausea or if nausea occurs. If you feel full, become nauseated or vomit, you can take a 15–20 minute break and resume drinking the prep when the symptoms subside.</p>	<p>Take your regularly scheduled heart, blood pressure, pain or seizure medications prior to your <u>NPO (nothing by mouth) time.</u></p> <p>*7 hours prior to your arrival time begin 2nd dose of SuTab. Repeat steps as done with the first dose. *SEE REFERENCE SHEET*</p> <p>No chewing tobacco or tobacco products, gum, hard candy or mints 5 hours prior to your arrival time.</p> <p>NOTHING BY MOUTH 5 HOURS PRIOR TO YOUR ARRIVAL TIME. (Nothing crosses your lips)</p> <p>You may brush your teeth but do not swallow.</p> <p>Failure to follow the instructions correctly may result in cancellation of your procedure and a \$100 fee.</p>

PREP AND NPO REFERENCE SHEET

Procedure check in time	2nd half prep start time	Nothing by mouth start time (NPO)
Your prep needs to be finished between 2nd half prep start time and NPO start time		
6:30am	11:30pm	1:30am
7:00am	12:00am	2:00am
7:30am	12:30am	2:30am
8:00am	1:00am	3:00am
8:45am	1:45am	3:45am
9:15am	2:15am	4:15am
9:45am	2:45am	4:45am
10:15am	3:15am	5:15am
11:30am	4:30am	6:30am
12pm	5:00am	7:00am
12:30pm	5:30am	7:30am
1:00pm	6:00am	8:00am
1:45pm	6:45am	8:45am
2:15pm	7:15am	9:15am
2:45pm	7:45am	9:45am
3:15pm	8:15am	10:15am

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.

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.

How To Know Your Prep Is Working

The chart below indicates what your bowel movements will look like during the consumption of your bowel prep for your colonoscopy. Please note, after you have finished the first half of your prep, it may look like you have reached your goal. HOWEVER, the first half of the prep (taken between 5pm-7pm the night before your procedure) cleans out the colon. The second half of the prep cleans off the walls of the colon. The second half is important as it helps ensure the provider is able to see your entire colon during your procedure.

You must consume the entirety of your prep. Once all of your prep is consumed, your bowel movements should resemble the container on the far right (i.e.- yellowish/clear and you should be able to see the bottom of the toilet bowl). If your bowel movements do NOT resemble the far-right container after completing all of your prep or you are struggling to consume all of your prep, please call us at 509-838-5950.



