spokane digestive CENTER

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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 $150 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 2** 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 3** 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.

Please read every page of this packet carefully and refer to the prep instructions included on page 4.

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 $150.00.

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.

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.

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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

EGD Preparation Instructions
Spokane Digestive Disease Center, P.S.

7 Days Prior	5 Days Prior	3 Days Prior	2 Days Prior	1 Day Prior	Procedure Day
Stop blood thinners: Aggrenox Brillanta Effient Ticlid **Stop** Injectable GLP medications: Semaglutide Ozempic Wegovy Mounjaro Zepbound, Trizepatide Trulicity Dulaglutide Retatrutide	**Stop** blood thinners: Clopidogrel Plavix Coumadin Warfarin Jantoven	**Stop** diabetic medications: Jardiance Empagliflozin Farxiga Dapagliflozin Invokana Canagliflozin Steglatro Ertugliflozin Januvia Phentermine **Stop** Colestid **Stop** Anti-inflammatory medications: Motrin, Advil and Ibuprofen or full dose Aspirin. You may take Tylenol. **Do NOT stop** 81mg Aspirin.	**Stop** blood thinners: Pradaxa Eliquis **Stop** Oral and Daily GLP Medications: Victoza Liraglutide Rybelsus Wegovy Pill Foundayo If you are **Diabetic** you may need to adjust your medication prior to the procedure. Check with your prescribing doctor.	**Begin Clear Liquid Diet at 12:01am** **--No Solid Food—** **Stop** blood thinner such as: Xarelto (Rivaroxaban), Savaysa (Edoxaban) **Continue to stay hydrated by drinking clear liquids.**	Take your regularly scheduled heart, blood pressure, pain or seizure medications prior to your *NPO (nothing by mouth) time*. **No chewing tobacco or tobacco products, gum, hard candy or mints 5 hours prior to your check in time.** **NOTHING BY MOUTH 5 HOURS PRIOR TO YOUR CHECK IN TIME. (Nothing crosses your lips)** ***SEE NPO REFERENCE SHEET FOR TIME*** You may brush your teeth but do not swallow. **Failure to follow these guidelines may result in the cancellation of your procedure and an incurred cancellation fee.**

NPO REFERENCE SHEET

Procedure check in time	Nothing by mouth start time (NPO)
6:30am	1:30am
7:00am	2:00am
7:30am	2:30am
8:00am	3:00am
8:45am	3:45am
9:15am	4:15am
9:45am	4:45am
10:15am	5:15am
11:30am	6:30am
12pm	7:00am
12:30pm	7:30am
1:00pm	8:00am
1:45pm	8:45am
2:15pm	9:15am
2:45pm	9:45am
3:15pm	10:15am

CLEAR LIQUID DIET

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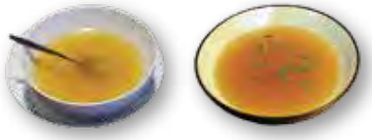
YOU MAY CONSUME THE FOLLOWING LIQUIDS THE DAY PRIOR TO AND THE DAY OF YOUR PROCEDURE, STOPPING 4 HOURS BEFORE YOUR PROCEDURE TIME.

Type	Hot and Cold Liquids You Can Consume	
Soup	· Clear chicken or beef broth · Consome	
Sport Drinks	· Gatorade® · Powerade® · Propel®	
Juice	· Apple · Cranberry · White Grape	
Beverages	· Water · Tea, herbal teas · Kool-Aid® · Ginger Ale · Sprite®, 7-UP® · Flavored bottled water · Pedialyte®, Hydralyte™	
Other	· Jello® (NO RED JELLO OR POPSICLES) · Gelatin · Italian ices · Popsicles · Coffee (no milk or creamer)	

WHAT TO AVOID

- **NO** solid foods such as meat, chicken, breads, vegetables, fruit, nuts, eggs, or cheese.
- **NO** dairy products such as milk, creamer, and non-dairy creamer, ice cream, whipped cream, half & half, etc.
- **NO** cloudy liquids such as orange juice, tomato juice or soup, potato soup, and vegetable or meat soup.

AVOID liquids with artificial red dyes. If you CANNOT see through it, then it is **NOT** a clear liquid.

105 W 8th Ave • Suite 6010 • Spokane, WA 99204 • (509) 838-5950 • www.spokanedigestive.com