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<u>Preparation Instructions for a Colonoscopy</u> (PLENVU –2 DAY PREP)

	ime:			
Procedure D	Date: Arrive By:	Procedure at:		
acility:				
	Premier Endoscopy Center	NCH (Down	NCH (Downtown)	
	1656 Medical Blvd. <u>Suite 201</u> . Naples, FL 34110	North Collie	North Collier Hospital	
Purcha	ise:			
1.	PLENVU (Sent electronically to your pha	irmacy)		
2.	Fleet Enema (If needed)			
	YOU SHOULD NOT EAT ANY SEEDS OR	NUTS 7 DAYS PRIOR YOUR P	ROCEDURE.	
Prepar	ation Day: (the day before your procedu	re)		
		iquids all day. NO SOLID FOC		
		iquius all day. <u>NO SOLID POC</u>		
	iquids:			
Water	Apple Juice	Beef Broth	Vegetable Broth	
Water Jell-O	Apple Juice Gatorade	Теа	Vegetable Broth Popsicles	
Water	Apple Juice Gatorade Carbonated Drinks	Tea Chicken Broth	Popsicles	
Water Jell-O	Apple Juice Gatorade	Tea Chicken Broth	Popsicles	
Water Jell-O Coffee	Apple Juice Gatorade Carbonated Drinks	Tea Chicken Broth R ANYTHING RED or PURPLE	Popsicles	
Water Jell-O Coffee	Apple Juice Gatorade Carbonated Drinks NO DAIRY, CITRUS JUICES, OF	Tea Chicken Broth R ANYTHING RED or PURPLE rovided with at least 16 oz. o	Popsicles -COLORED. of water. Finish this dose	
Water Jell-O Coffee	Apple Juice Gatorade Carbonated Drinks NO DAIRY, CITRUS JUICES, OF 3:00 PM: Mix dose 1 pouch in the cup p	Tea Chicken Broth R ANYTHING RED or PURPLE rovided with at least 16 oz. o	Popsicles -COLORED. of water. Finish this dose	
Water Jell-O Coffee 1.	Apple Juice Gatorade Carbonated Drinks NO DAIRY, CITRUS JUICES, OF 3:00 PM: Mix dose 1 pouch in the cup p within 30 minutes. Very important to de	Tea Chicken Broth R ANYTHING RED or PURPLE rovided with at least 16 oz. o rink at least 2 more cups thro	Popsicles -COLORED. of water. Finish this dose	
Water Jell-O Coffee 1. Examir	Apple Juice Gatorade Carbonated Drinks NO DAIRY, CITRUS JUICES, OF 3:00 PM: Mix dose 1 pouch in the cup p within 30 minutes. Very important to de preferably more.	Tea Chicken Broth R ANYTHING RED or PURPLE rovided with at least 16 oz. o rink at least 2 more cups thro	Popsicles - COLORED. of water. Finish this dose bughout the morning, but	
Water Jell-O Coffee 1. Examir	Apple Juice Gatorade Carbonated Drinks NO DAIRY, CITRUS JUICES, OF 3:00 PM: Mix dose 1 pouch in the cup p within 30 minutes. Very important to de preferably more.	Tea Chicken Broth R ANYTHING RED or PURPLE rovided with at least 16 oz. o rink at least 2 more cups thro wover the next 30 minutes, o	Popsicles - COLORED. of water. Finish this dose bughout the morning, but	
Water Jell-O Coffee 1. Examir 1.	Apple Juice Gatorade Carbonated Drinks NO DAIRY, CITRUS JUICES, OF 3:00 PM: Mix dose 1 pouch in the cup p within 30 minutes. Very important to de preferably more. 5:00 AM: Mix dose 2 (pouch A&B) drin	Tea Chicken Broth R ANYTHING RED or PURPLE rovided with at least 16 oz. of rink at least 2 more cups thro with at least 2 more cups through the set 2 more cups through the set 30 minutes, of k after.	Popsicles -COLORED. of water. Finish this dose bughout the morning, but	

YOU MUST BE ACCOMPANIED BY SOMEONE TO DRIVE YOU HOME, AS YOU WILL BE SEDATED. Be prepared to spend at least 2 hours at the center.

MEDICATION INSTRUCTIONS

- If you are a diabetic on insulin, take ½ your regular daily dose the day before your procedure, when you are on clear liquids. Do not take your insulin the morning of your procedure. Take ½ your regular dose after the procedure when you have your first meal. Please call us if you have any questions.
- If you are taking Coumadin, Plavix, Pradaxa, Xarelto or any other blood thinner, please consult with the physician before discontinuing the medication.
- Do not stop Prednisone or other cortisone type medication.

Please give us a call if you have any questions regarding your medications.

BILLING INFORMATION YOU SHOULD KNOW

When you have a procedure in our outpatient facility you could receive up to (4) four bills:

- 1. Physician's charge.
- 2. Facility charge.
- 3. Anesthesia
- 4. Pathology lab charge.

OUR OFFICE IS NOT RESPONSIBLE TO OBTAIN PRIOR-AUTHORIZATION, BENEFITS OR COVERAGE, OR TO MAKE SURE YOUR INSURANCE PARTICIPATES WITH OUR FACILITIES. IF YOU HAVE QUESTIONS MAKE SURE TO CALL CUSTOMER SERVICE ON THE BACK OF YOUR INSURANCE CARD.

If you have previously been advised that you will be using your <u>out of network benefits</u>, you must check with you insurance prior your procedure.

If after speaking with your insurance company you still have questions, feel free to contact our billing department at 239-732-1133 extension 101 or 105.

If a payment plan needs to be made, you must make arrangements with billing <u>prior</u> your date of service.

If once receiving your statements, there is a discrepancy on the coverage or on the amount being charged call the billing department directly.

IF YOUR INSURANCE IS OTHER THAN MEDICARE, IT IS YOUR RESPONSIBILITY TO NOTIFY YOUR CARRIER OF YOUR PROCEDURE.



Welcome to Premier Endoscopy Center. We hope to make this a positive experience for you.

To ensure that this occurs, we are asking you to follow the following guidelines:

- 1. Follow the orders from your physician concerning your preparation for the procedure.
- 2. It is important to have someone to take your home to make sure you safely arrived home after having an anesthetic. A taxi/uber will not be permitted (unless previous arrangements have been made with office)
- 3. All jewelry is to be left a home. We cannot be responsible for your valuables.
- 4. We do not always have your medication lists available to us. Please have updated list of current meds, dosages, and medication schedule, along with a list of your allergies.

Please keep in mind that will do everything possible to see that your designated time for procedure is kept. Unfortunately, emergencies do occur which can lead to your procedure being delayed.

We look forward to providing excellent care during your visit.