

**Your procedure will be performed at:**

- ❑ **Gainesville Endoscopy Suite**  
7915 Lake Manassas Drive,  
Suite 302  
Gainesville, VA 20155
- ❑ **Warrenton Endoscopy Suite**  
170 W Shirley Ave,  
Suite 205  
Warrenton, VA 20186
- ❑ **Prince William Hospital**  
8700 Sudley Road  
Manassas, VA 20110
- ❑ **Prince William Surgery Center**  
8644 Sudley Road, Second Floor  
Manassas, VA 20110
- ❑ **Fauquier Hospital**  
500 Hospital Drive  
Warrenton, VA 20186
- ❑ **Haymarket Hospital**  
15225 Heathcote Boulevard  
Haymarket, VA 20169

*Be sure to arrive **ON TIME**  
and at the **CORRECT**  
**LOCATION.***

For scheduling issues/questions, please call your scheduler listed on the front.

For insurance inquiries, please call:  
Billing 571.428.2969

**WHAT TO EXPECT THE DAY OF YOUR PROCEDURE:**

- Shortly after arriving, a nurse will take you back for you to get changed and IV started.
- Once you are settled, your driver can come back and sit with you until you are taken to the Procedure Room
- Your driver should stay in the waiting room until after your procedure
- After your procedure, you will get dressed and have some crackers and water while you wait for the physician to speak with you about their findings. Your driver will be with you during this time.
- You will be taken out in a wheelchair due to anesthesia.

**IMPORTANT FINANCIAL INFORMATION:**

Colonoscopy categories:

**Preventative Colonoscopy Screening:** Patient is without symptoms and is 50 or older. Unless you are African American, in which case the guideline is 45. Or if you have a family history of colon cancer, in which case a screening can be performed 10 years prior to the age of the family member when diagnosed – mom, dad or siblings. (CPT 45378)

**Surveillance Colonoscopy:** Patient is without symptoms but may have a personal history of GI disease, colon polyps and/or cancer. Patients in this category are requested to undergo colonoscopy at shortened intervals (every 2-5 years).

**Diagnostic Colonoscopy:** Patient has current gastrointestinal symptoms, GI disease, iron deficiency anemia and/or any other abnormal tests. (CPT 45380)

***IF YOUR COLONOSCOPY IS ORDERED BECAUSE OF A SYMPTOM, IT CANNOT BE BILLED AS A SCREENING.***

A physician cannot change a diagnosis so that you can be eligible for a screening. If a diagnosis is documented on your record, that has to be included in the billing of the colonoscopy. If your insurance company tells you the doctor can change or add a CPT or diagnosis code, please get their name and phone number because this information is false! That is insurance fraud.

[www.doctorgi.com](http://www.doctorgi.com)

## Preparing for your **Colonoscopy** Procedure with **Movi-Prep**

*Review these instructions AGAIN  
3 days before your procedure and  
follow them carefully.*

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Physician

\_\_\_\_\_  
Procedure Date

\_\_\_\_\_  
Pre-Op Arrival time

\_\_\_\_\_  
Procedure scheduler name

Phone \_\_\_\_\_

***Please arrive on time or your procedure  
may need to be rescheduled.***



**ADVANCED  
DIGESTIVE  
CARE**

GASTROENTEROLOGY ASSOCIATES

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## IMPORTANT THINGS TO KNOW:

- \*Please wear comfortable clothing and footwear to your procedure and leave all valuables including jewelry at home. No contact lenses.
- \*On the day of your procedure bring your ID, insurance card, and a current list of medications.
- \*Women of childbearing age will be asked for an urine sample prior to the procedure.

You **MUST** have a driver accompany you to your procedure and remain in the center until you are discharged. This is for your safety due to the lingering effects of sedation. This policy is enforced at each facility.

### **YOUR PROCEDURE WILL BE CANCELLED IF YOU DO NOT HAVE A DRIVER.**

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## MOVI - PREP INSTRUCTIONS:

Pick up your prescription at the pharmacy  
Optional purchase is peppermint candy.

Follow these instructions – not those on the box.

**SEVEN DAYS BEFORE PROCEDURE:** \_\_\_\_\_

- STOP eating food with Olestra (fat free products)

**FIVE DAYS BEFORE PROCEDURE:** \_\_\_\_\_

- STOP eating foods with seeds, nuts, whole grains
- STOP eating corn and popcorn
- STOP iron supplements, vitamin E, fish oil, Omega 3, Flax seed oil, cod liver oil

**THREE DAYS BEFORE PROCEDURE:** \_\_\_\_\_

- STOP aspirin and anti-inflammatory medications: (Aleve, Advil, Motrin, Ibuprofen, NSAIDS, Naproxen, Excedrin, Bufferin, Plavix, Celebrex, etc.)

**TYLENOL IS OKAY TO TAKE**

- CONFIRM YOUR RIDE
- **DO NOT OVERTREAT FOR THE NEXT 2 DAYS**

**DAY BEFORE YOUR PROCEDURE:** \_\_\_\_\_

In the morning, mix pouch A and B into container. Add lukewarm water to the line, shake and refrigerate.

**If your appointment is after 12:00 (noon), you may have solids until \_\_\_\_\_.**

Then you must follow the clear liquid diet as follows.

## IMPORTANT THINGS TO KNOW, CON'T

\*You should not drive an automobile, work, drink alcohol or operate heavy machinery for at least 12 hours after the procedure due to sedation effects of the medications used during your procedure. You may resume normal activities the next day.

**APPOINTMENT TIMES:** You will be assessed in the morning and may be cancelled due to your medical status at that time. The staff strives to adhere to your appointment time, however delays may occur and we request your understanding of these delays.

### CANCELLATION POLICY:

**There will be a \$200.00 fee assessed to your account if you fail to cancel within three (3) business days prior to your procedure.**

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Clear liquids ALL day, unless your appointment is after noon tomorrow

#### CLEAR LIQUID DIET:

WATER, SPARKLING WATER  
APPLE JUICE, WHITE GRAPE  
JUICE, GATORADE, ICED TEA,  
HOT TEA OR COFFEE  
(NO CREAM OR MILK), SODA,  
BROTH OR BOUILLON,  
JELLO, POPSICLES.



**NO RED, PURPLE OR ORANGE DYE  
IN ANYTHING YOU DRINK.**

**BE SURE TO DRINK AT LEAST 8-10 GLASSES OF  
CLEAR LIQUIDS DURING THE DAY.**

**AT \_\_\_\_\_** Start drinking refrigerated drink. Every 15 minutes pour until next line on container into a glass until all the liquid is gone. Suck on peppermint in between to settle your stomach.

**Complete drinking this within one hour.**

Mix the second Pouch A and Pouch B into container with lukewarm water, shake well and refrigerate until tomorrow morning.

## IMPORTANT THINGS TO KNOW CON'T

\*\*You may receive bills from different offices, but all related to your procedure:

Pathology for polyps or biopsies, Anesthesiology for your anesthesia, the Facility where you have the procedure and the Physician performing the procedure.

\*\*If your insurance plan requires a referral for this procedure, you must have one delivered to our office, **one week prior to your procedure date or your procedure will be cancelled.**

\*\*If your insurance plan changes, you must notify our office **one week prior to your procedure date or your procedure may be cancelled.**

(More financial information on back of this brochure)

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## THE MORNING OF YOUR PROCEDURE:

Date: \_\_\_\_\_

**AT \_\_\_\_\_** Start drinking refrigerated drink. Every 15 minutes pour until next line on container into a glass until all the liquid is gone. Suck on peppermint in between to settle your stomach. **Complete drinking this within one hour.**

**YOU MAY HAVE NOTHING ELSE BY MOUTH UNTIL  
AFTER YOUR PROCEDURE.**

If you take blood pressure or anxiety medications, you may take these with a sip of water in the morning. **DO NOT** take insulin or diabetes medication the day of your procedure.

No water, smoking, chewing gum or candy.

### **ARRIVE AT THE FACILITY AT:**

\_\_\_\_\_

*Double check the address where your procedure is scheduled.*

Someone should stay with you for 24 hours.