



*“Earning Trust Through Quality and Compassionate Care”<sup>SM</sup>*

8051 South Emerson, suite 200  
Indianapolis, IN 46237  
Phone: (317) 865-2955

### **Policy for Missed Appointments**

Thank you for choosing Indianapolis Gastroenterology & Hepatology as your healthcare provider. We are committed to providing you with the best possible medical care for the successful treatment of your condition. Office appointments which are missed without timely notification may be subject to a **\$50.00** cancellation fee. Cancellation of an office appointment requires 24-hour notice. Cancellation of scheduled procedures require 5-7 business day notice. Procedure appointments which are missed without timely notification or procedures which are cancelled for not following prep instructions may be subject to a **\$150.00** cancellation fee. Timely notification is not only a courtesy to your physician but provides an opportunity for another patient in need of medical care to be seen. Should you miss a second appointment without providing sufficient notice, you may be billed a fee for the time that was reserved for you. Special unavoidable circumstances may impact the fee being waived but only with management approval. Please feel free to contact our office at (317) 865-2955 should you have any questions.

Thank you for your cooperation,

Indianapolis Gastroenterology & Hepatology Physicians

## BASIC COLONOSCOPY PREP INSTRUCTIONS

PREP INSTRUCTIONS - Please READ and FOLLOW CAREFULLY!

### **ATTENTION!**

### **READ ALL THIS INFORMATION NOW!**

You may **NOT** drink anything 6 hours prior to procedure.

Please contact us immediately, or at least two days in advance, at (855) 444-2778 OR (855)IGH-APPT IF YOU NEED TO CANCEL OR RESCHEDULE an appointment.

Name:

Appointment Date:

Arrival Time:

Doctor:

Location:

**For your safety, all body piercings, including earrings and any metal jewelry must be removed before your procedure.**

Please fill out the health history form on the IGH Patient Portal upon initial log in. If you need access to the patient portal, please call the office.

**SEDATION:** YOU MAY NOT LEGALLY DRIVE AFTER BEING SEDATED. YOU MUST HAVE A RESPONSIBLE ADULT (18+) TO DRIVE YOU HOME. WE CANNOT RELEASE YOU TO YOURSELF OR TO A STRANGER SUCH AS A TAXI DRIVER OR DRIVER SERVICE. We ask that this person **REMAIN IN THE WAITING ROOM** if at all possible. Thank you for your cooperation.

**INSURANCE:** It is the patient's responsibility to bring his/her insurance card, notify us of any insurance changes & obtain referrals if required.

**BOWEL PREP:** **DO NOT** take additional laxatives without physician approval. (When you have completed your prep, your liquid bowel movements may be lightly colored yellow or green - this is not unusual and no cause for concern.)

We will make every effort to keep your appointment; however, it is sometimes necessary to make adjustments to the schedule. Emergencies and unexpected medical findings may cause your physician to run late. We will make every effort to keep you informed while you are here. Your cooperation is appreciated.

- If you have any questions or concerns, please call our office at (855)444-2778.

**Health Conditions:**

*If you have the following condition, please read and follow these instructions:*

**Diabetes:**

- Call the doctor who manages your diabetes.
- Tell them you are having a colonoscopy and will be on a clear liquid diet the day before the colonoscopy.
- Ask how you should take your diabetic medication. Since you will be on a restricted diet, your diabetic medication may need to be adjusted.
- Please check your blood sugar at home, if you have the equipment to do so, and bring the results with you.

**Medications:**

**COUMADIN/WARFARIN patients:** If you have not previously informed us that you are taking this medication, PLEASE CALL OUR OFFICE IMMEDIATELY to alert our scheduling staff.

**OTHER BLOOD THINNING MEDICATIONS:** If you take Plavix, Persantine, Pletal, Arixtra, Heparin, Aggrenox, Ticlid, Lovenox, Xarelto, Brilinta, Eliquis, Pradaxa, or Effient, and have not previously informed us, PLEASE CALL OUR OFFICE.

**WEIGHT LOSS MEDICATIONS:** Patients taking Adipex (Phentermine) will need to stop 5 days prior to procedure. If you do not stop this medication, your procedure will be subject to cancellation.

**Daily medication:** Prescribed medications (i.e. blood pressure, heart or breathing medicine) should be taken as usual on the day of the procedure with a sip of water. Other medication may be resumed after your procedure. If you use a rescue inhaler for a breathing condition, please bring it with you.

**After your procedure:** Your physician will speak with you after your procedure. You may not remember this because of the sedation you will have received. With your permission, your family or friend responsible for signing you out may be in the recovery room with you. You will be given printed instructions about resuming your activities and any follow-up care your physician recommends.

**Blood Thinner**

Coumadin/Warfarin	5 days
Plavix/Clopidogrel	5 days
Effient/Prasugrel Eliquis/	5 days
Apixaban Brillinta/	3 days
Ticargelor Savaysa/	3 days
Edoxaban Xarelto/	3 days
Eliquis / Rivaroxaban	3 days
Pradaxa/Dabigatran	2 days

**Diabetic Medications**

Jardiance/Synjardi/Empagliflozin	3 days
Farxiga/Dapagliflozin	3 days
Invokana/Canagliflozin	3 days
Brenzavvy/Bexagliflozin	3 days
Steglatro/ertugliflozin	3 days
Xigduo/dapagliflozin	3 days

**Stop**

**\*\*\*Clear liquids 24 hours before procedures. Nothing to eat or drink 6 hours prior to procedure.\*\*\***

## **MIRALAX & GATORADE BOWEL PREP**

You will need to purchase **one** 510 Gram size of Miralax powder and **two** 28 oz. bottles of Gatorade (no red or purple). You **MUST** use Gatorade or Powerade to avoid causing a chemical imbalance from your prep, which can occur if you substitute any other liquid such as water, juice or soda. Generic for Miralax is acceptable. You will also need to purchase extra strength Simethicone tablets (Gas-X, Gas Relief, Equate Gas Relief).

### **On the day BEFORE your procedure:**

- **NO SOLID FOOD OR DAIRY PRODUCTS ALL DAY.**
- DRINK **ONLY** CLEAR LIQUID FOR BREAKFAST, LUNCH AND SUPPER. You may have as much CLEAR LIQUID as you like.

### **Clear liquid diet suggestions:**

- Water
- Coffee and Tea without dairy products
- Popsicles (no red or purple)
- Clear fruit juice without pulp
- Apple juice, white grape juice
- Gatorade or Powerade
- Jell-O (no red or purple)
- Carbonated beverages, i.e. Sprite, Coca Cola, and Pepsi, etc.
- Clear broth or bouillon
- **NO RED OR PURPLE COLORED LIQUIDS**
- **NO DAIRY PRODUCTS**
- **NO ALCOHOLIC BEVERAGES**
- **NO MARIJUANA OR CHEWING TOBACCO USE OF ANY KIND 6 HOURS PRIOR TO ARRIVAL**

### **Follow THESE instructions for drinking the prep:**

1. At **5 p.m.** begin drinking the prep.
2. Pour 28 oz Gatorade into a mixing container or pitcher.
3. Mix 12 capfuls (fill to line on cap) of Miralax powder into container.
4. Stir or shake well to dissolve. You may prepare and chill the prep ahead of time, but **no more than 24 hours before time to drink it.**

5. Using a straw to drink the prep may be helpful if the taste is bothersome.
6. Drink an additional 32 oz. of clear liquids and take 250 mg (2 tablets) of extra strength Simethicone (Gas X, Equate).
- **If you experience nausea or vomiting, STOP drinking the prep and rest for 1 hour. Resume drinking the prep at a slower rate.**
- Remain close to the restroom facilities. Bloating may occur, but should be resolved once you start having bowel movements. Be sure to continue drinking clear liquids to avoid dehydration.

**On the day of your procedure:**

1. Remember **NO** solid food or dairy products.
2. **8 hours before your arrival, at** \_\_\_\_\_, begin drinking the second part of the prep.
3. Pour 28 oz Gatroade into a mixing container or pitcher.
4. Mix 12 capfuls (fill to line on cap) of Miralax powder into container.
5. Stir or shake well to dissolve. You may prepare and chill the prep ahead of time, but **no more than 24 hours before time to drink it.**
6. Using a straw to drink the prep may be helpful if the taste is bothersome.
7. Drink an additional 32 oz. of clear liquids and take 250 mg (2 tablets) of extra strength Simethicone.
8. You must be done drinking all liquids to include the prep **6 hours before your procedure.**
- **STOP DRINKING 6 HOURS BEFORE PROCEDURE. DO NOT DRINK ANYTHING MORE,** with the exception of your daily heart, blood pressure or breathing medications. These should be taken as you normally would with a sip of water.

# **Thank you for choosing to have your upcoming procedure performed at The Endoscopy Center at St. Francis. It is very important that you read the enclosed information prior to your visit.**

## **► The following physicians have ownership in The Endoscopy Center at St. Francis:**

Shan Cheng, Andrew Crane, Lucas Drake, Paul Haynes, James Jacob, Michael Morelli, Ernest Orinion, Jason Roberts, and Robert Vincent.

## **► Billing Information:**

You will be receiving bills/invoices from other entities besides The Endoscopy Center at St. Francis depending on tests that may be needed. These entities include but are not limited to:

- The Endoscopy Center at St. Francis or Franciscan Alliance – Facility Fee
- Indianapolis Gastroenterology and Hepatology (IGH) – Physician Fee
- Illinois Gastroenterology Group – Pathology Fee
- Midwest Gastroenterology or Sedation Services – Anesthesia Fee

## **► Advanced Medical Directives:**

Patients have the right to develop an Advanced Medical Directive and information is available upon their request. A copy of our policy on Advanced Medical Directives will be provided to the patient prior to their procedure. The Endoscopy Center at St. Francis will always attempt to resuscitate a patient and transfer the patient to a hospital in the event of deterioration.

Advanced Medical Directives address such issues as living wills, life support choices (as per the Indiana Living Will Act which is found at Indiana Code 16-36-4 and Indiana Code 16-36-5 that references "Out of Hospital Do Not Resuscitate Declaration and Order"), durable powers of attorney or selection of a health care representative, (as per Indiana Health Care Consent Act found at Indiana Code 16-36-1 and Indiana Powers of Attorney Act found at Indiana Code 30-5), psychiatric advanced directive (as per Indiana Code 16-36-1.7) and organ and tissue donation (as per Indiana Uniformed-Anatomical Gift Act found at Indiana Code 29-2-16).

- A copy of the Center policy on Advanced Medical Directives will be provided to the patient prior to their procedure. At the time of registration, patients will be asked if they have an Advanced Medical Directive. If they present a copy, it will be scanned into their medical record and available for continuity of care, should the need for transfer of that care occur. Information is available in the patient waiting room upon request.
- It shall be noted that while at the Center, resuscitative measures will always be taken, and the patient will be transferred to a hospital in the event of deterioration.
- The Endoscopy Center at St. Francis staff will call the chaplain's office at St. Francis, 317-528-3560, which will assist the patient in filling out the proper forms, if requested.
- The Center Administration shall periodically monitor the legal status of Advanced Medical Directives with the Center's attorney and track State and Federal Regulations as they are modified.



# PATIENT RIGHTS & RESPONSIBILITIES

## ▶ As our patient, you have the right...

- To be cared for with respect, dignity, fairness, and compassion and to have impartial access to treatment within the available resources of The Endoscopy Center at St. Francis, regardless of race, religion, sex, sexual orientation, ethnicity, age, or handicap.
- To personal privacy and confidentiality. Your clinical records are confidential unless reporting is required or permitted by law.
- To review your medical records and to have the information explained, except when restricted by law. Also, to obtain a copy of your medical records within a reasonable time frame.
- To know the name and professional status of any person providing your care or services, including physicians.
- To be involved in your own treatment and to be fully informed of the treatment you are receiving, the expected outcomes before it is performed, as well as the reasons for any proposed changes in the professional staff responsible for your care. You, the patient, when fully informed of the benefits, risks, and alternatives to treatment, may refuse treatment to the extent permitted by law.
- To have a family member or representative of your choice and your own physician notified promptly of your admission to the hospital.
- To receive care in a safe setting, free from all alleged violations/grievances relating, but not limited, to mistreatment, neglect, verbal, mental, sexual, or physical abuse.
- To exercise your rights as a patient while receiving care or treatment in the facility, without coercion, discrimination, or retaliation. You may also appoint a representative of your choosing and have your representative (parent, legal guardian, person with medical power of attorney) exercise your rights when you are incapable of doing so, without coercion, discrimination, or retaliation.
- To be free from unnecessary use of physical or chemical restraint and/or seclusion as a means of coercion, convenience, or retaliation.
- To receive reasonable continuity of care and to be informed by physicians and other caregivers of available and realistic patient care options in terms that you can understand.
- To have your spiritual needs cared for with the same care, love, and compassion given to your physical needs.
- To access state or federal agencies designated to protect your welfare.
- To voice grievances regarding treatment or care that is (or fails to be) furnished.
- To express any concerns related to your visit (without compromise to future access of care), you may complete the patient survey with your contact information or notify the Clinical Director at (317) 865-2955 ext. 4024 directly.
- To be informed of your rights in advance of furnishing or discontinuing patient care whenever possible, or when appropriate, to have that information shared with your chosen representative, as allowed under State Law.
- To request an interpreter if you need one and to have one provided to you free of charge.
- To know the reasons for your transfer either within or outside our facility.
- To know the relationship(s) of the facility to other persons or organizations participating in the provision of your care.

- To receive and examine an explanation of a bill for services provided and to be informed of the source of the facility's reimbursement for your services and of any limitations that may be placed upon your care.
- To be informed of the right to have pain treated as effectively as possible.
- To be fully informed of and to consent or refuse to participate in any unusual, experimental, or research project without compromising your access to services.
- To have your family provided with informed consent for donating organs and tissues.

## To file a complaint or grievance:

- You may address your concerns by contacting the Clinical Director at (317) 865-2955 ext. 4024. You may also address any concerns to the Indiana State Dept. of Health at (317) 233-1325, Attn: Acute Care; TTY (317) 233-5577; or by letter at 2 N. Meridian St., Indianapolis, IN 46204.
- The Medicare Beneficiary Ombudsman ensures that Medicare Beneficiaries receive information and help in understanding their Medicare options and to apply their Medicare rights and protections as they are allowed. The website of the Medicare Ombudsman is [www.medicare.gov/claims-and-appeals/Medicare-rights/get-help/ombudsman.html](http://www.medicare.gov/claims-and-appeals/Medicare-rights/get-help/ombudsman.html).
- You may also address your concerns by contacting the Service Excellence Department of St. Francis Hospital at (317) 528-6000.
- It is your right to receive written response to your grievance within 14-21 days following receipt of that grievance.

## ▶ As our patient, we expect you...

- To let the staff know if you do not understand what you are told or what is happening to you.
- To continue recommended treatment after you leave the Center or hospital, to notify your physician of any changes in your condition, and to recognize the impact of your lifestyle on your personal health.
- To be considerate of the needs of other patients, staff, the Center, and the hospital.
- To respect the Center, the hospital, and others' property and to follow Center and hospital rules.
- To ensure that the health care institution has a copy of your advance directive if you have one.
- To keep appointments. When possible, notify the Center or hospital if you cannot make an appointment.
- To provide necessary information for insurance claims, to work with the Center and hospital to make payment arrangements, to provide prompt payment, and to ask questions about your bill.
- To provide all information relating to your health, past and present. If you believe you cannot follow through with your treatment, you are responsible for telling your doctor.