

PREPARATION FOR UPPER ENDOSCOPY
PAULO PACHECO, MD.

Date: _____ Arrival Time: _____

Procedure time: _____ Pick up time: _____

Please report for your procedure at:

MANHATTAN ENDOSCOPY CENTER
535 FIFTH AVENUE, 5FL.
BETWEEN FIFTH & MADISON AVENUES
ENTRANCE ON 44TH STREET, NORTH SIDE
212-682-2828

Upper Endoscopy is an examination of the upper part of the intestinal tract. It is a visual examination of the lining of your esophagus (the food tube that leads from your throat into your stomach) the stomach, and the first part of your small intestine, the duodenum. The examination itself will take about 15-20 minutes. The patient will be sedated so he/she will be somewhat sleepy upon completion of procedure. A spray to numb the back of the throat may also be used. To see inside your esophagus, stomach, and intestine, your doctor will use a long, thin, telescope-like instrument called an endoscope to look for any abnormalities that may be present, such as inflammation or ulcers. During the examination, small tissue samples, called biopsies, may be taken for follow-up analysis.

INSTRUCTIONS:

You may not have any solid food within 8 hours prior to your procedure. Only clear liquids.

You may have clear liquids up to 4 hours prior your procedure. Clear liquids do not include coffee, milk or cream.

4 hours prior nothing to eat or drink, not even water or ice chips.

If you are vaccinated, please bring your vaccination record to the center, if you are not Vaccinated you are required to have the Covid-19 PCR test 5 days prior to the appt.

NOTE:

Stop Aspirin (including Nuprin, Advil, Aleve, Excedrin, Motrin, Ibuprofen, etc.). **ONLY TYLENOL.** **Stop any Vitamin E, Iron supplements, or Herbal preparations one week prior** to your procedure. If you are taking any blood thinners, such as Plavix or Coumadin, check with you Cardiologist, prior to stopping them, as we prefer that you stop taking them 5 days prior to your procedure. There is an increased risk of bleeding on these medications.

--YOU MUST HAVE SOMEONE ACCOMPANY YOU HOME AFTER THE PROCEDURE, THIS IS ABSOLUTELY REQUIRED - OTHERWISE YOUR PROCEDURE WILL HAVE TO BE RESCHEDULED.

--THE DAY OF YOUR EXAMINATION, YOU WILL RECEIVE ANESTHESIA, THEREFORE, YOU SHOULD NOT DRIVE, OPERATE ANY COMPLEX MACHINERY OR MAKE ANY IMPORTANT FINANCIAL DECISIONS; SEDATION MAY AFFECT YOUR MEMORY AND YOUR JUDGEMENT.

IF YOU MUST CANCEL YOUR PROCEDURE, PLEASE CALL THE OFFICE AT LEAST 4 BUSINESS DAYS PRIOR. WE ASK THIS AS A COURTESY TO PATIENTS WAITING FOR PROCEDURE APPOINTMENTS.

*****PLEASE NOTE THAT OUR CANCELLATION FEE FOR PROCEDURES CANCELLED LESS THAN 4 BUSINESS DAYS OF YOUR SCHEDULED TIME IS \$175.00**

CLEAR LIQUID LIST

FOR PATIENTS HAVING A COLONOSCOPY; IT IS VERY IMPORTANT TO
DRINK AT
LEAST 2 LITERS OR QUARTS OF CLEAR LIQUIDS THROUGHOUT
THE DAY TO PREVENT DEHYDRATION.

(This would be in addition to the laxative you will be drinking if you are
scheduled for a colonoscopy).

FOR PATIENTS HAVING AN UPPER ENDOSCOPY 8 HOURS PRIOR
ONLY CLEAR LIQUIDS

(You must avoid items that are Red or Purple in color.)

4 HOURS PRIOR NOTHING BY MOUTH NOT EVEN WATER

- Tea without milk. Sweeteners are OK
- Broth; Clear Chicken Broth, Vegetable or Beef Broth
- Juices; Apple, White grape, White cranberry, White pear
- Snapple drinks; Orange colored, Light pink, Iced Teas,
Lemonade
- Gatorade/G Series; these beverages are highly recommended
on your clear liquid diet. - Lemonade, Lemon Lime, Citrus Cooler
- Vitamin Water; Essential, Energy
- Coconut Water; Zico or Vito Brand Coconut water (no pulp)
- Crystal Light , Lemon Lime
- Jell-O; Orange, Lemon, Peach, Pineapple, Green
- Ice pops; Lemon or Lime Bars
- Italian Ices; Lemon
- Soda Sprite, 7up, Colas, Ginger ale, Sprite, Sierra Mist
- **NO VEGGIE JUICES**
- **NO COFFEE**

BILLING INFORMATION

Dear Patient:

You have been scheduled for a procedure at The Manhattan Endoscopy Center. Our billing department will be contacting your insurance carrier to obtain necessary authorization, and to verify coverage and benefits. **Please be aware that you may have responsibilities for any in-network deductibles, co-insurance, or copayments as indicated by your insurance carrier.** Coverage and benefits may vary **based on your individual policy.**

If you are scheduled for a screening colonoscopy and you have a past medical history which would be considered high risk, your insurance provider may consider the colonoscopy to be a surveillance exam, or diagnostic procedure, and not a routine screening colonoscopy. There may be different coverage guidelines that apply.

High risk diagnoses for colonoscopy include but are not limited to the following: personal history of colonic polyps, personal history of inflammatory bowel disease (ulcerative colitis, Crohn's disease) and history of Colon cancer.

If your **procedure** is being performed **for specific symptoms (not screening)** or if you are under age 50, it **will be considered DIAGNOSTIC and a deductible, co-insurance and/or copay will be applied,** please review your personal insurance benefits information.

If you are scheduled for an **Upper Endoscopy**, this procedure will be **considered a DIAGNOSTIC test.**

Please be aware that a PRE-AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT, only until the claim is received, payment will be subject to your eligibility and your individual contract information at the time of the procedure. Deductible and co-insurance as part of your insurance contract might apply.

Billing contact phone information:

In the event that you do receive a **bill from our office**, please contact our billing company, CSI Billing at 866-240-0800 x 207.

If you receive a bill from **Manhattan Endoscopy Center**, or the **anesthesiologist** please call their billing Dept. at: **Before the procedure:** 833- 844-6695.

After the procedure: Facility billing: 866 840-6226

Anesthesia billing: 866 688 9704

Sincerely,



Paulo Pacheco, MD