

Pre-Procedure Information and Instructions

Thank you for scheduling your procedure at Bayview Endoscopy Center. Please make sure to take a few moments to read this prior to your appointment to ensure that things go as smoothly as possible on the day of your procedure.

- We are located on the southeast corner of Tuttle Avenue and Bahia Vista Street. Your scheduled arrival time at Bayview Endoscopy is _____. Please keep in mind that **this time is subject to change** up to the day before your procedure due to schedule changes, cancellations and/or hospital emergencies. We will notify you as soon as possible of any adjustment to your arrival time. **PLEASE BE AWARE THAT OUR DOORS DO NOT OPEN UNTIL 6:15A.M.**
- Please bring a picture ID and your insurance cards to the center.
- Because you will receive anesthesia for your procedure, you will need to ensure that a family member or other responsible adult over the age of 18 will be available to drive you home.
- If you received forms for Bayview Endoscopy at your doctor's office, please complete them prior to your arrival here. If you did not receive any forms, you will be asked to complete them here on the morning of your procedure.
- If you normally take heart and/or blood pressure medication in the morning, please DO take those medications when you wake up on the day of your procedure. We kindly request that you hold all other medicines (including insulin and/or oral diabetic medications) until after you are discharged.
- If you have ever been told you are allergic to latex, please inform your physician immediately.
- Please do not wear any jewelry, cologne or moisturizing lotion, you may wear deodorant. Bring a pair of socks, as well as a sweater or light jacket (for the waiting room). If at all possible, please leave any valuables at home or give them to the person who will drive you home.
- Please inform your physician if you have a pacemaker or internal cardiac defibrillator. If you do have either of these, please bring the card you received at the time the device was placed.
- If you are sick in the days preceding your appointment with us (fever, cough, sore throat, flu, etc.) please call your doctor and inform them. We want you to be as healthy as possible for your procedure.
- If you are having a colonoscopy, your doctor's office will provide you with instructions as to which bowel prep you are to take. Please follow those instructions EXACTLY as they are given to you; not doing so may cause your procedure to be rescheduled. Any questions related to your prep should be referred to your doctor's office. Drink as much liquid as possible to help keep you from becoming dehydrated and to ensure the best prep possible. If you have any problems while taking the prep, contact your doctor's office. A physician will be available even after hours to assist you if needed.
- A registered nurse from Bayview Endoscopy will call you prior to your procedure to briefly review your medical history and to review the information on this paper. This phone call should only take 3 to 4 minutes of your time. **Please be aware that if we reach an answering machine when we try to contact you, we are not allowed to identify our facility or to go over any detailed information regarding your procedure due to patient privacy laws. We will leave a message simply asking you to return our call.**

We look forward to seeing you and we will do our best to keep you comfortable and make sure your experience here is as pleasant as possible.

BILLING INFORMATION

NOTE: You will receive up to 4 separate statements for your procedure.

1. One statement will be addressed from **Bayview Endoscopy Center**. This bill is a result of the facility fee and takes the place of an outpatient hospital bill. The facility is state licensed and certified by Medicare as an Ambulatory Surgery Center. Your insurance company will be billed separately for these charges. **Copays, deductibles and co-insurances will be collected at the time of service.** However, this is only an estimation of your patient responsibility. Please make arrangements to pay the portion that is not covered by your insurance company as soon as you receive your first statement. **If you do not have insurance and are a self-pay patient you must contact the facility to make payment arrangements prior to your procedure date.** For questions regarding billing please contact 941-373-9808.
2. One statement will be addressed from your physician. This bill is a result of the professional services provided to you. This is the fee the doctor has charged you for doing the procedure. The doctor's office will bill your insurance company for these charges. Please make arrangements to pay the portion that is not covered by your insurance company as soon as you receive your first statement. **If you do not have insurance and are a self-pay patient you must contact the office to make payment arrangements prior to your procedure date.** For questions regarding billing please contact your doctor's office.
3. You may receive a statement addressed from **Spartan Anesthesia**. This bill is a result of the professional services provided to you by the anesthesiologist and the CRNA. The doctor's office will bill your insurance company for these charges. Please make arrangements to pay the portion that is not covered by your insurance company as soon as you receive your first statement. **If you do not have insurance and are a self-pay patient you must contact the office to make payment arrangements prior to your procedure date.** For questions regarding billing please contact Precise Professional Medical Billing at 941-929-9530.
4. You may also receive a statement addressed from a pathology company (Usually Caris Diagnostisc or Dianon). This bill is a result of the pathology services provided to you. The pathology service will bill your insurance company for these charges. Please make arrangements to pay the portion that is not covered by your insurance company as soon as you receive your first statement. For questions regarding billing please contact the number on the bill.

