

**Wake Gastroenterology**  
A Division of WAKE INTERNAL MEDICINE CONSULTANTS, INC.  
3100 BLUE RIDGE ROAD, SUITE 300  
RALEIGH, N.C. 27612  
(919) 781-7500 FAX: (919) 882-8822  
Contact: ext. 1281 or ext. 1278

You are scheduled for a **FLEXIBLE SIGMOIDOSCOPY** with:  Dr. Kaplan     Dr. Ender

Procedure Date: \_\_\_\_\_ Appt. Time: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

**WHAT HAPPENS DURING A SIGMOIDOSCOPY?**

You will be asked to lie on the exam table on your left side with your knees pulled up. The physician and an assistant will be with you. The physician will do the rectal exam. The physician gently inserts the instrument; you may feel some mild cramping and/or pressure from the air that will be inserted. This procedure is quick and well tolerated without medication. Mild bloating after the procedure will pass within a short time.

**FINDING OUT THE RESULTS:**

The examining physician will discuss the sigmoidoscopy results with you immediately after the examination. The sigmoidoscopy is an important diagnostic test. Please do not hesitate to ask if you have any additional questions. For further questions, please contact your doctor at (919) 781-7500.

**PLEASE NOTIFY THE SCHEDULING OFFICE IF YOU ARE TAKING ASPIRIN OR COUMADIN, OR IF YOU HAVE SIGNIFICANT MEDICAL PROBLEMS.**

YOU MUST CANCEL OR RESCHEDULE AT LEAST **2 BUSINESS DAYS** PRIOR TO YOUR APPOINTMENT TIME OR THERE WILL BE A **\$100.00 CHARGE.**  
(This includes cancelling the morning of your procedure)

**PLEASE BRING YOUR CURRENT INSURANCE CARDS WITH YOU.**

If you have Medicare, you will be asked to sign a waiver stating that you will be responsible for payment for the procedure if Medicare fails to pay.

**You must avoid any fat free foods that contain the additive Olestra. If you are taking the medication Xenical, you must stop for one week prior to your procedure.**

This examination requires a thorough cleansing of your intestinal tract to provide the best diagnostic information to your physician and to avoid repeat examinations. Please follow these instructions carefully. This will result in a comfortable, thorough cleansing.

---

**Do not have anything to eat or drink the morning of your procedure.**

**1½ HOURS (or longer-depending on your travel time) PRIOR TO LEAVING HOME FOR YOUR PROCEDURE:**

**Use two enemas, 20 minutes apart.**

## **ALL COLONOSCOPY-SIGMOIDOSCOPY-GASTROSCOPY PATIENTS**

### **PRIOR INSURANCE APPROVAL**

Some insurance companies require prior approval for these procedures done in the office. It is your responsibility to check with your insurance company for prior approval. If they require authorization, please call our office, (919) 781-7500 ext 1247, with all pertinent information and we will obtain the authorization. Some insurance companies may not cover screening procedures. If your doctor has requested your procedure because you have reached the age where these procedures are recommended, your insurance company considers this a screening procedure. It is your responsibility to see how your insurance company will cover the procedure. For some outpatient procedures, insurance companies will cover at a percentage or copay different than they would for an office visit.

### **WAKE INTERNAL MEDICINE PAYMENT POLICY**

#### **PAYMENT IS DUE AT THE TIME OF SERVICE**

**Wake Internal Medicine Consultants does require patients with Medicare and noncontracted insurances to pay to pay your estimated cost of the procedure in full one week prior to services being rendered. This is an estimated cost only and is subject to change in response to the physician's findings and subsequent treatment.**

If you have Medicare your estimated cost will be based upon the current Medicare Limiting Allowable, for all other plans your estimated cost will be based upon our current fee schedule. Our office will submit a claim to your insurance company on your behalf. Your insurance company will then remit their payment directly to you, the insured.

If you have insurance that is deductible, coinsurance, or copay the patient will be responsible to pay the full amount prior to services being rendered. For example; if BCBS State is your insurance and have not met your deductible of \$350.00 you will be expected to pay up to \$350.00. If you have met your deductible you will be asked to pay a \$150.00 down payment that is to offset the 20% patient coinsurance.

We thank you for your patience and cooperation through the billing process and greatly appreciate you choosing Wake Internal Medicine for your medical care. If you have any questions regarding your fees please call (919) 781-7500 ext 1324.

### **ALL COLONOSCOPY – UPER ENDOSCOPY PATIENTS**

Because of the medication you receive, you may not remember the procedure or speaking with the doctor afterwards. We encourage you to ask questions prior to the procedure and to call our office afterward, should you have any questions. The doctor will discuss his findings with you after the procedure. If biopsies or polyps were removed during the procedure, you should receive a phone call regarding the findings within 5-7 business days. If you have not heard from our office about the pathology results within 7-10 business days, please call.