

## ***Flexible Sigmoidoscopy***

Your procedure is scheduled on: \_\_\_\_\_(Date)

Please check in at the Reception desk at \_\_\_\_\_. Your procedure is scheduled for \_\_\_\_\_.

### ***Pre-Procedure Information:***

✓ ***Harmony Surgery Center is located at:***

2127 East Harmony Road, Suite 200

Fort Collins, CO 80528

Scheduling: (970) 297-6367

If you need directions to our facility, please visit our website at [www.harmonyasc.com](http://www.harmonyasc.com)

**\*\*Please go online to [www.harmonyasc.com](http://www.harmonyasc.com) and fill out your Online Registration. Please submit this prior to your date of service. Please see the last page of this packet for detailed Instructions and Password Information on how to complete your online registration.**

✓ ***Please Remember***

✓ ***You must have a driver to take you home. Your driver will need to be 18 years of age or older and must be willing to sign you out as your responsible party. You will not be permitted to drive or take a cab home after the procedure. You are not allowed to drive until the next day. If you do not have a driver your appointment will be cancelled.***

✓ Please leave all jewelry and valuables at home.

✓ Please bring your **Insurance Card** and a **Photo ID** (driver's license, passport or military ID).

✓ If you need to cancel or reschedule your procedure for any reason, please call our scheduling department at 970-297-6367. If you cancel with less than a 72-hour notice before your procedure, you may be charged a \$300.00 cancellation fee.

### ***General Information:***

✓ Included in your packet is the prep instruction sheet specific to the procedure you are having. Please review the instructions.

✓ Take your medications as you normally would up until 4 hours before your procedure.

## Flexible Sigmoidoscopy Consent Form

### Informative copy only – please do not fill out

\_\_\_\_\_ permit Dr. \_\_\_\_\_ and any other assistant needed in performing the procedure my doctor has recommended. The procedure my doctor has recommended is a FLEXIBLE SIGMOIDOSCOPY which is defined below and may include any of the following:

Flexible Sigmoidoscopy: Examination of the rectum, sigmoid colon, and descending colon up to 65cm with a flexible tube which is passed through the anus. Occasionally if visualization allows, the endoscope may be advanced further into the colon up to the ileocecal valve (Colonoscopy).

Biopsy: Removal of small pieces of tissue from within the intestine for analysis.

Polypectomy: Removal of small growths from within the intestine.

**Benefits** of a Flexible Sigmoidoscopy include but are not limited to the following: The lining of the sigmoid colon and rectum are surveyed for inflammation, tumors, polyps, blockage from post-surgical colon stricture, and bleeding sites.

**Alternatives** to Flexible Sigmoidoscopy include: Doing no testing, the colon being alternatively viewed by barium enema x-ray and if abnormal one would require a colonoscopy. Polyps may be removed through a surgical procedure, or a colonoscopy.

**Risks** associated with a Flexible Sigmoidoscopy:

1. These are very accurate procedures, but with any medical test, there is a small chance of missing something.
2. The major complications associated with Flexible Sigmoidoscopy include:
  - Perforation (making a hole) in the colon or intestine, which would require admission to the hospital and surgery for the correction of the perforation.
  - Bleeding - particularly if a biopsy is taken or a polyp is removed.
  - Heart or lung problems, aspiration, pneumonia.
  - Reaction (allergy) to medications.
  - Extremely low risk of injury to the spleen during a colonoscopy.
3. Any procedure which involves anesthesia/sedation have some risks.

I consent to the administration of intravenous medications during this procedure. The primary intent of administering this medication is to produce a state of relaxation while still being able to breath easily, swallow, answer questions and follow simple commands. You may lose consciousness and possibly be fully or partially immobilized. Recall of events during this procedure may also occur. The administration of medication carries some risk of complication. Few complications occur, most are minor and last only a short time. Some of the complications that rarely occur are: over sedation, low blood pressure, slow or ineffective breathing and prolonged recovery time. Should any complication arise, both the physician directing the administration of these medications and the nurse who are with you are prepared and trained to intervene with the necessary treatment.

It has been explained to me that during the course of the procedure, unforeseen conditions may be revealed that necessitate an extension of the initial procedure or a different procedure than set forth above. I therefore authorize and request the above named physician or his designated consultants perform such procedures that are in his judgment necessary and desirable.

I consent to the study and retention or disposal of tissue parts that may be removed during the above procedure.

I consent to the presence of observers in the operating room, such as students, medical residents, medical equipment representatives, or other appropriate parties approved by my physician(s). Medical students may participate in my surgical care under the direct supervision of my physician(s).

I consent to the taking of photographs (including motion pictures) and the preparation of drawings and similar illustrated graphic material, and I also consent to the use of such photographs and other materials for scientific purposes in accordance of this institution. Your physician and anesthesia provider are not employees of the Center; they are agents of you. The Surgery Center is responsible for and provides supportive nursing and procedural services. The Surgery Center is not responsible for actions of the physician or anesthesia provider.

I have had sufficient opportunity to discuss this procedure with Dr. \_\_\_\_\_ and I understand the nature of the procedure, the possible benefits, risks (including need for surgery), and alternatives listed.

\_\_\_\_\_  
Name – Patient or Guardian Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date / Time

\_\_\_\_\_  
Date / Time

I have explained the content of this document to the patient and have answered all of the patient's questions asked of me. To the best of my knowledge, I feel the patient understands, has been adequately informed, and has consented to proceed.

## **Flexible Sigmoidoscopy Prep Instructions**

### ***In Advance...***

- In advance, you will need to purchase **2** Fleet enemas
- Avoid eating: Seeds, Nuts and Corn 5 days before your procedure.**
- If you take blood thinner products: follow the specific instructions for your blood thinner as instructed by the Coumadin Clinic or your GI Physician. If you have not received specific instructions **1 week prior** to your appointment, please call the Centers for Gastroenterology at 970-207-9773.
- If you take insulin products or oral diabetes pills, please see the enclosed diabetic instruction sheet.

### ***Prep Instructions....***

#### **DAY BEFORE EXAM:**

- Please follow a low residue diet: for breakfast and lunch, eat your choice of the following: Canned fruits or vegetables, eggs (except fried), white bread, hot cereals, white chicken, turkey, fish, yogurt, soups, jello (no red or purple), tapioca, fruit and vegetable juices.
- For dinner please have only clear liquids. Clear liquids include anything you can see through. For example: chicken or beef broth, coffee or tea **without cream**, fruit juice, sport drinks or jello. **NOTHING RED OR PURPLE – AND NO SOFT DRINKS PLEASE.**
- **At approximately 7:30 p.m. please use one Fleet enema. You may continue to drink clear liquids the remainder of the evening.**

#### **DAY OF EXAM:**

- Take your usual medications (especially heart and blood pressure medications) **up to 4 hours prior to the procedure.** It is OK to take aspirin up to and including the day of the procedure, up to 4 hours prior to your procedure. **Follow specific directions given by your physician regarding insulin, oral diabetes pills, and blood thinners.**
- **Use the second Fleet enema at least 2 hours before leaving for your appointment.**
- Please do not drink or eat anything until after your procedure is complete – no gum, mints, candy or chewing tobacco for 4 hours before your procedure.

## ***Important Billing Information...***

As you prepare for your procedure, we want to make sure you understand how you will be billed for the services you receive. At a minimum, you will receive three separate bills. Depending on your specific procedure, you may also get additional bills.

### ***Billing Sources...***

- **Surgery Center's Bill:**

You will get a bill from us for what is known as the facility fee. This fee is for the staff, supplies, equipment and medications we provide for your safe and successful experience here.

- **Surgeon's Bill:**

Since the physician performing your surgery is not an employee of the Center, you will be billed separately for these services. The physician's bill will be sent from the physician's office.

- **Anesthesia Bill:**

The anesthesia you receive during your procedure will be supervised by an Anesthesiologist and provided by a Certified Registered Nurse Anesthetist and you will be monitored throughout the procedure. Please call 970-224-2985 if you have questions regarding anesthesia.

**Other Bills:** Depending on several factors related to your procedure, you may receive services and additional bills which may include:

- **Laboratory Bill:** May include fees for blood or urine tests.
- **Pathology Bill:** - May include testing of any tissue samples taken during the procedure. Pathology results will be available from your physician's office **7-10** days after your procedure.

### ***Colonoscopy Guidelines to Keep in Mind...***

The Affordable Care Act passed in March 2010 allowed for several preventative services, such as colonoscopies, to be covered at no cost to the patient. However, there are many caveats that prevent patients from taking advantage of this provision. There are now strict guidelines that explain which colonoscopies are defined as a preventative service (screening). These guidelines may exclude many patients with gastrointestinal histories from taking advantage of the service at no cost. Patients may be required to pay co-pays and deductibles. In addition, an inadequate bowel prep may result in additional charges.

#### **Diagnostic/therapeutic colonoscopy**

Patient has past and/or present gastrointestinal symptoms, polyps, or gastrointestinal disease. This may equate to patient copay, deductible or coinsurance.

#### **Surveillance Colonoscopy**

Patient is asymptomatic (no gastrointestinal symptoms), has a personal history of gastrointestinal disease, colon polyps and/or cancer. Patients in this category are required to undergo colonoscopy surveillance at varying ages and intervals based on the patient's personal history. Surveillance colonoscopy is performed to monitor the potential risk of reoccurrence of the condition/disease. This may equate to patient copay, deductible or coinsurance.

#### **High Risk Screening Colonoscopy**

Patient is asymptomatic (no gastrointestinal symptoms either past or present), has a family history of gastrointestinal disease, colon polyps, and/or cancer.

#### **Preventive Colonoscopy Screening**

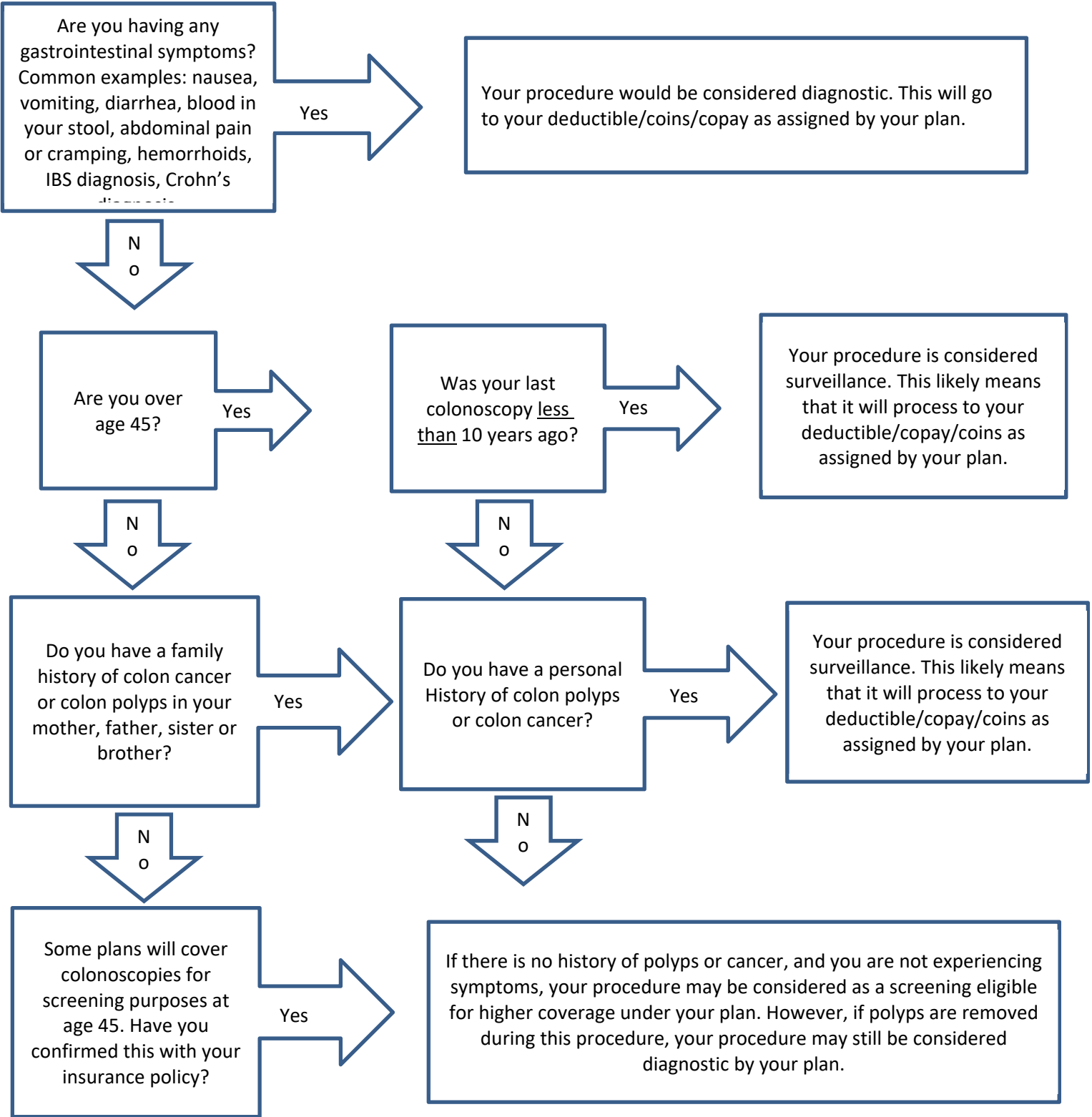
Patient is asymptomatic (no gastrointestinal symptoms either past or present), over the age of 45, has no personal or family history of gastrointestinal disease, colon polyps, and/or cancer. The patient has not undergone a colonoscopy within the last 10 years.

#### **Can a diagnosis or procedure code be changed, added, or deleted so that I may be considered a screening procedure?**

**No.** Often insurance representatives will tell a patient that if only the claim was coded with a "screening" diagnosis it would have been covered at 100%. However, the "screening" diagnosis can only be amended if it applies to the patient. Many insurance carriers only consider a patient over the age of 45 with no personal or family history as well as no past or present gastrointestinal symptoms as a "screening" (Z12.11). However, if any polyps are found and removed the procedure may then become diagnostic. Furthermore, the patient encounter is documented as a medical record from information you have provided as well as an evaluation and assessment from the physician. It is a binding legal document that cannot be changed to facilitate better insurance coverage. Please understand there are strict government, insurance company and coding guidelines against altering a chart or bill for the sole purpose of coverage determination. This is considered insurance fraud and punishable by law.

Our staff will do their very best to help you with questions and guide you to the proper sources of information. Please contact your insurance company in advance to verify network status, benefits and facility coverage. If you have any questions about this information, please contact us at (970)297-6449, (970)297-6435 or (970)297-6454. Thank you!

Are you having a colonoscopy? This guide will help answer some basic billing questions





2127 East Harmony Road, Suite 200 · Fort Collins, CO 80528  
(970) 297-6300 · [www.harmonyasc.com](http://www.harmonyasc.com)

**PLEASE FILL OUT YOUR ONLINE REGISTRATION  
BEFORE YOUR PROCEDURE BY GOING TO:**

**[www.harmonyasc.com](http://www.harmonyasc.com)**

**Click on the “Patient Registration” button at the top of the page**

**New Patient Password: **HSC970NEW****

**Please follow prompts and answer all of the questions.**