



Medical Clinic of Houston, L.L.P.

Martin R. White, M.D., Managing Partner
Karen C. Rainey, J.D., C.M.P.E., Executive Administrator

1701 Sunset Boulevard
Houston, Texas 77005
Phone (713) 526-5511
Fax (713) 520-4797
www.mchllp.com

FLEXIBLE SIGMOIDOSCOPY INSTRUCTION SHEET

David S. Wolf, M.D.

Procedure Date: _____

Check-in Time: _____

Procedure Time: _____

Please call the procedure center at least **5 days in advance** and pre-register for your endoscopy.

Your procedure is scheduled at one of the following facilities:

Medical Center
Endoscopy

6560 Fannin Street
Suite 600, Scurlock Tower
Ph: 713-796-0500

The Methodist Hospital TMC
Endoscopy Center

6501 Fannin Street 7th Floor
Jones Neurosensory Building
Ph: 713-441-5470
Registration: 713-394-6805

Memorial Hermann Hospital TMC
Ertan Endoscopy Center

6400 Fannin Street
14th Floor
Ph: 713-704-6500

Nothing to eat or drink for 8 hours before the procedure.

On the day before the Sigmoidoscopy, take 2 tablets of Dulcolax Laxative (5 mg each) around 6 pm. Eat a light dinner (preferably clear liquids only). Give yourself one enema (Fleet Saline enema) at home about 4 to 6 hours before the procedure time. These medications are available over the counter at any pharmacy.

You may be receiving sedation for your procedure. Therefore, **you must have a responsible adult available to transport you home** after the procedure. If you do not have someone available to drive you home, your procedure will be rescheduled.

If you are taking any **blood thinners (for example: Plavix, Coumadin, Warfarin, Xarelto, Eliquis, Effient, Pradaxa, Brilinta, etc.) or diabetic medications**, please call our office immediately to discuss how to manage your medications. If you are on Insulin, please contact your prescribing physician for instruction.

Stop taking **Aspirin or Aspirin-like products** (such as Advil, Aleve, Motrin, Naproxen etc.) for 5 days before the procedure. If you have a STENT, you can continue taking Aspirin, 81 mg daily.

You may take important medications (like heart or blood pressure meds, etc.) with a small sip of water on the morning of your procedure. If your procedure is scheduled early (before 10 am), you may want to wait until after the procedure to take your medicines.

Bring a list of all your medications with you. Please leave all your jewelry and valuables at home.

Prior to your procedure, you may receive a call from the Business Office at Medical Clinic of Houston. If you do not, please call the clinic and ask for the Business office.

Additional information: <http://www.asge.org/patients>

Additional information: <http://patients.gi.org/topics/sedation-for-endoscopy>

Should you have any other questions or concerns, please contact our office.



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Policy for late cancellations and “no-show” patients for Gastroenterology procedures

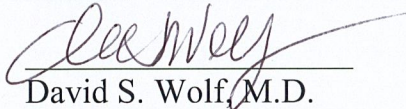
When we schedule your gastroenterology procedure, we are reserving the physician’s time, staff time, anesthesiologist’s time, and a procedure room for you and your particular medical needs. If you cancel at the last minute or do not appear for your scheduled procedure, we generally cannot use this time to provide care for another patient.

Effective November 15, 2022, we will charge a \$100 fee if you cancel your procedure with notice of less than three business days (72 hours) or if you do not appear for your procedure. We will ask that this fee be paid prior to scheduling any future appointments or procedures with a MCH gastroenterologist. This fee will not be covered by your insurance and will be due from you directly.

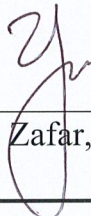
It is not our intent to be punitive but, instead, to ensure that (a) you are not compromising your care, and (b) we are able to care for all of the patients who need our care. If we know in advance that there is an opening, we can fill that appointment slot with another patient who has a medical need.

We appreciate your understanding.

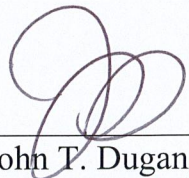
Thank you,



David S. Wolf, M.D.



M. Behzad Zafar, M.D.



John T. Dugan, M.D.

By signing below, you acknowledge that you have received and understand this policy

Patient signature

Date

Printed name

For office use only:

Attestation that this information was relayed orally to the patient and that the patient expressed understanding.

Patient name and DOB

MCH account #

Staff member signature

Date

Witness name/signature

Date



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ENDOSCOPY PROCEDURES: Patient Financial Responsibility and Disclosures

Thank you for scheduling your endoscopy procedure with Medical Clinic of Houston, L.L.P. Please note the following important information regarding your procedure.

We will only bill and collect fees for the services performed by your physician at Medical Clinic of Houston, L.L.P. (Dr. Wolf, Dr. Zafar, or Dr. Dugan). Any charges and fees for the endoscopy facility (surgical center), anesthesia, laboratory, and pathology (if specimens are obtained) are separate, and NOT a part of our fees. Your physician may have an ownership interest in one or more of these facilities. You have the right to choose the provider for your health care services. Please inform us before your procedure if you would like a particular facility (based on your insurance plan) to be used for any of these services.

A financial counselor will verify benefits with your insurance company for your scheduled procedure(s). If we have a contract with your health insurance plan, we have agreed to file an insurance claim on your behalf and collect your out-of-pocket expenses, limited to the deductible, co-insurance and co-pay based on the rate contracted by Medical Clinic of Houston, L.L.P. with your health insurance plan. The amount provided to you is an ESTIMATE of your out-of-pocket expenses and financial responsibility. The estimated out-of-pocket amount must be paid to Medical Clinic of Houston, L.L.P. prior to your procedure(s). Once your insurance company has completed processing your claim, your expenses could be more or less than originally estimated.

You are responsible for updating your insurance information before your procedure(s). If there is no insurance information available, you will be expected to pay in full prior to the procedure(s) at a self-pay price. You have the right to receive a "good faith estimate" explaining how much your medical care will cost.

Referrals/Authorizations: If your insurance plan requires a referral or pre-authorization, you are responsible for obtaining it prior to the procedure being performed. Please be advised that if (a) you elect to be seen without a referral/authorization, (b) you have changed primary care providers without obtaining a new referral/authorization, or (c) your referral /authorization has expired, you will be responsible for payment of our total charges.

Major credit cards are accepted over the phone and at the office. Cash and check payments can be made at the office. For larger balances, extended payment plans or other payment options may be available. Please contact an Account Representative at Medical Clinic of Houston, L.L.P. by calling 713-526-5511, extension 4739.

Sincerely,

David S. Wolf M.D., M. Behzad Zafar M.D., and John T. Dugan III M.D.