



Medical Clinic of Houston, L.L.P.

Martin R. White, M.D., Managing Partner
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1701 Sunset Boulevard
Houston, Texas 77005
Phone (713) 526-5511
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www.mchllp.com

“GATORADE & MIRALAX” Bowel Prep

You need to buy the following. (No prescriptions are needed. Ask your pharmacist for assistance):

1. One 64 oz. or two 32 oz. bottles of Gatorade, Propel, Crystal Lite or other non-carbonated clear liquid drink (no red or purple colors). If you have diabetes, you may use sugar-free Gatorade.
2. Six Dulcolax laxative tablets (5 mg each; not suppository or stool softener). Generic name: Bisacodyl.
3. Miralax 238 grams (8.3 ounces) powder or generic polyethylene glycol 3350 powder (you can find these in the laxative section).
4. One bottle of Infants' Mylicon Liquid (or generic equivalent): Ask pharmacist for substitute if this brand is not available.

On the day before the colonoscopy:

1. On the morning before your colonoscopy, mix the 8.3 oz. of Miralax with the 64 oz. of Gatorade (or other non-carbonated clear liquid that you chose) and 3 milliliters (cc) of the Mylicon drops. Stir or shake the contents until the Miralax is completely dissolved. Chill if desired.
2. At 4:00 pm on the evening before your procedure, take 3 tablets of Dulcolax laxative pills (15 mg total) with water.
3. At 6:00 pm on the evening before your procedure, drink the first half of the Miralax + Gatorade solution.
4. At 6 to 7 hours before your appointment time (on the day of the colonoscopy), take 3 tablets of Dulcolax laxative pills (15 mg total). Then drink the second half of the Miralax + Gatorade solution.
5. At LEAST four (4) hours prior to your procedure, complete drinking the entire solution.
6. ABSOLUTELY NOTHING TO EAT OR DRINK, including water, at least four (4) hours prior to your procedure; otherwise your procedure may be rescheduled.



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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.