

OUTPATIENT SURGERY AND FOLLOW-UP INFORMATION

PATIENT NAME: _____

PROCEDURE DATE: _____

Your procedure date and time has been set aside specifically for you. Please provide a 1 week notice in the event that you need to reschedule the procedure to avoid being charged a fee by calling the office at (850) 841-1166, option 2. Your procedure is scheduled at Capital City Surgery Center of Florida, which is located on the corner of Jaclif Court and Capital Medical Boulevard.

Capital City Surgery Center of Florida
2807-2 Capital Medical Blvd
Tallahassee, FL 32308
(850)402-4107

The surgery center staff will call you to provide your procedure time and perform a preoperative call 1 week prior to your scheduled procedure date. GI Associates staff cannot provide this information.

Your insurance will be verified by a member of the billing staff at GI Associates of Big Bend and you will be notified 2 weeks prior to your scheduled procedure of any estimated patient responsibility. Multiple claims will be generated during the procedure and each could have patient responsibility based on the health insurance plan that you chose. The physician fee and facility fee will need to be paid by the date of service. This can be done when the billing specialists contacts you or on the date of your procedure.

You may receive the following bills as a result of your outpatient procedure:

Physician Fee: To be paid to the physician for performing the service. **This bill will be from GI Associates of Big Bend.**

Facility Fee: To be paid to the ambulatory surgery center or hospital for hosting the procedure. This bill will be from **Capital City Surgery Center of Florida or Capital Regional Medical Center.**

Pathology Fee: Pathology is an unforeseen charge due to possible biopsies that could occur if an abnormality is found. We will bill pathology separately and any balances will be billed to you. This bill may be from **Covenant Pathology Services, Ketcham Wood & Burgert Pathology Associates, or Dianon dependent upon your insurance policy.**

Anesthesia Fee: Anesthesia is charged in time units. For this reason, we do not quote anesthesia benefits. Many insurance plans include anesthesia as part of the facility fee and others do not. If there is a left-over balance after anesthesia claims processing, the bill will be from **CCSC Anesthesia.**

Your procedure follow-up appointment is scheduled on _____ at _____ and will be at GI Associates of Big Bend where you had your pre-procedure consultation.



COLONOSCOPY PREP INSTRUCTIONS

1. You will need to purchase the following items from any drug store **OVER THE COUNTER**. (Walmart, Target, CVS, Walgreens, Winn Dixie, Publix, etc.)
 - **1 bottle of MiraLax (or the store brand) 14 ounces (net weight 8.3 ounces, 238 grams)**
 - **1 box of Dulcolax laxative (or store brand, relief in 6 to 12 hours, 10 tablets)**
 - **1 64-ounce bottle (or two 32-ounce bottles) of Gatorade or PowerAde, you can also use water or Crystal Light if you would like. (NO RED OR PURPLE flavors)**
2. You will need to stop Iron pills, Multi Vitamins, and supplements 5 days before the procedure.
3. You will need to stop blood thinners and aspirin products 3 days before the procedure. (Aspirin, Ibuprofen, Aleve, Coumadin/Warfarin, Plavix, Eliquis, Lovenox, etc.)

PREP DAY, the day before the procedure

1. You **CANNOT** have anything solid to eat **ALL DAY** (24hrs/12am-12pm) – this means nothing for breakfast, lunch, or dinner.
2. You will need to follow a clear liquid diet **ALL DAY**. You can have water, coffee (without milk or creamer), tea, soda, popsicles, Jell-O, PowerAde, Gatorade, lemonade, Pedialyte, or broth. **YOU CANNOT HAVE ANYTHING RED OR PURPLE.**
3. That morning you should mix the MiraLax with the Gatorade, PowerAde, etc. and refrigerate.
4. At 3:00pm take 4 tablets of the Dulcolax Laxative.
5. From 6:00pm to 8:00pm you will drink the MiraLax mixture that you refrigerated that morning. Make sure you continue to drink fluids until bedtime to stay hydrated.
6. If you experience vomiting, stop the prep for 30 minutes and try again.
7. If you experience severe abdominal pain, stop the prep, and call the office (850-841-1166). If you do not get a response, go to the emergency room and call the surgery center to cancel your procedure (850-402-4107, you will have to leave a message).

DAY OF PROCEDURE

****Due to COVID restrictions, please do not arrive earlier than the time you were given or you may have to wait in the car until called.***

****Please take blood pressure medications, breathing/asthma medication, or seizure medications with a **tiny sip of water**, no other medication OR drink is allowed the morning of the procedure.**

***Your procedure is being performed at: Capital City Surgery Center (address listed at top of page)**

****There is a **NO SHOW/LATE CANCELLATION** fee of \$100 that will be applied if you do not cancel your procedure withing 72 hours of your scheduled procedure.**

*****NOTE: NO FOOD OR DRINKS ALLOWED in facility. Patients may bring ONE adult visitor/driver with them, no children are allowed, visitor/driver cannot wait in the lobby during patient's procedure. Patients/visitors are required to wear a mask at all times while in facility. Cell phones **MUST** be silenced upon entering facility.**

