



DIGESTIVE CENTER formerly Gandhi GI Colonoscopy "Two Day" SUTAB Instructions

PREVENT COLON CANCER!

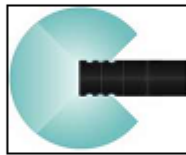
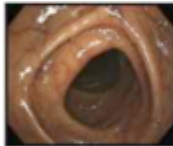
Colon cancer is the second leading cause of cancer death in the United States. Fortunately, colon cancer is both **PREVENTABLE** and highly **TREATABLE** when detected early. **Early detection is done with a colonoscopy.** There are small growths in the colon call polyps. Over time the polyps can turn into cancer. During colonoscopy these polyps are removed so that cancer can be prevented.

**We are the ONLY Center in OHIO to have
NEW MOST ADVANCED TECHNOLOGY COLONOSCOPY
With more cameras which provides a panoramic view and allows us to detect
70% more precancerous polyps and is more effective in
PREVENTING COLON CANCER!**

WHY NOT HAVE THIS ADVANCED TECHNOLOGY COLONOSCOPY AT REDUCED COST IN OUR CENTER?

Do not settle for less! Call to schedule now! 937-350-6700

Standard Colonoscope limited
170 degree field of view



Fuse™ Colonoscope
Panoramic 330° field of view

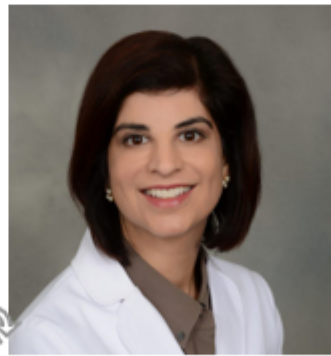


Ramesh K. Gandhi, M.D.

Michael Elmore, M.D.

Roopa Gandhi, M.D.

Thomas Schussler, M.D.



Colonoscopy and Endoscopy Center – 7211 North Main Street, Suite 3, Dayton, OH 45415
Colonoscopy and Endoscopy Center – 999 Brubaker Drive, Kettering, OH 45415 |

WE OFFER SATURDAY HOURS

The physician's picture circled above will be performing your procedure.



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Date of Procedure: _____ Time of Arrival: _____

LOCATION:

- Colonoscopy and Endoscopy Center:** 7211 North Main Street, Suite 3, Dayton, OH 45415
- Colonoscopy and Endoscopy Center :** 999 Brubaker Drive, Kettering, OH 45429
- Sycamore Hospital:** 4000 Miamisburg Centerville Rd, Miamisburg, OH 45342 (check in at patient registration)

If you take insulin or an inhaler be sure to bring with you to your procedure

PURCHASE PREP QUICKLY AND READ THESE INSTRUCTIONS IMMEDIATELY AFTER SCHEDULING

- **Purchase the required prep as soon as possible. Do not wait until the day before or day of your colonoscopy, your pharmacy may not stock it!**
- **Immediately after receiving these prep instructions, read them line-by-line to fully understand your preparation for the test.**

VIDEO TO WATCH

https://www.youtube.com/watch?v=kxQ_saTQKml

TO VIEW A SUTAB VIDEO

Instructions may vary, be sure to follow these printed instructions.

CLEAN COLON=OPTIMAL EXAM

A clean colon happens to be the most important part of a successful exam! If the prep isn't done right, and your colon isn't completely clean, the danger is that we won't see important, potentially cancer-causing, polyps. **In addition, the colonoscopy may take longer (increasing the risk of complications); or the entire process may need to be repeated or rescheduled.** If your colon is clean then your doctor can spend more time carefully examining your colon instead of trying to wash away any waste that's left. And, that means you won't have to come in for a repeat exam. "During a colonoscopy, we're not looking for just cancer but also subtle lesions that can turn into cancer, so, we don't want to miss anything!"

HYDRATION: To hydrate your body prior to drinking the prep solution when you will lose fluids, you will want to drink one 8 oz glass of water or clear liquid every hour the day before your colonoscopy to keep you hydrated.

CANCELLATION/NO-SHOW FEE: We ask that you contact us 3 DAYS PRIOR to your scheduled procedure if you need to reschedule or cancel. This will allow other patients waiting to use your time slot and prepare for their test. A \$100.00 fee will be charged to you if you cancel within the three day time frame.



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LICENSED DRIVER:

Please arrange to have a responsible/licensed driver to drive you home from your colonoscopy.

- For your safety, due to the anesthesia that you are given it is very important that you have someone drive you home from your procedure. When checking in for your colonoscopy if you do not have a licensed driver present, your colonoscopy will be cancelled.
- By law, you cannot drive the rest of the day of your colonoscopy. We advise you to take the entire day off work.
- In addition, the surgery center require that you have a responsible party present during your entire procedure. Please help us in ensuring your safety and plan ahead for your support party.

MEDICAL CONDITIONS:

Let us know if you have any of the following conditions, as you may need special instructions prior to starting the colon preparation:

- If you are taking aspirin not prescribed by a physician for a medical condition please stop it 7 days prior to your colonoscopy.
- If you are taking anticoagulants/blood thinners, it is required to get approval from your cardiologist or prescribing physician to be sure they can be safely held for a specified amount of time prior to your colonoscopy.
 - These medications include Coumadin (warfarin), Plavix, Xarelto, Effient, Pradaxa, Savaysa, Arixtra, Lovenox
- If you have medical conditions that need a clearance from your cardiologist prior to scheduling your colonoscopy
- Diabetic or pregnant- be sure to ask for instructions to take your insulin during the prep
- Taking any narcotic medications – these medications can cause constipation and will require additional prep -be sure to make the doctor aware.
- Taking any medication for depression - these medications can cause constipation and will require additional prep - be sure to make the doctor aware.
- Constipation (you will be given additional prep instructions)
- Had a heart attack or stroke in the last six months or have a heart defibrillator
- Have seizures or take seizure medications
- Are withdrawing from drinking alcohol

PRE-OP/REGISTRATION CALL: One of our clinical staff will be contacting you every day for 3 days days prior to your colonoscopy to review your prep instructions and confirm clinical information. It is very important that they are able to reach you during this time. Please watch for a call from (937-350-6703) or a text message. If we are not able to communicate with you prior to your procedure, it may be cancelled. If you receive a message, please call the phone number back to complete your registration.



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Colonoscopy “Two Day” SUTAB Instructions

Follow these Step-by-Step Instructions to prepare for your Colonoscopy

1. PURCHASE SUPPLIES NEEDED FROM YOUR PHARMACY

- **SUTAB Solution** - by prescription
- **Magnesium Citrate** – 2 bottles – available over the counter
(do not take any Mag Citrate if you have kidney disease)



1 bottle is consumed prior to the Suprep prep and 1 bottle consumed after prep if stools are not clear.

- **Vaseline or Aquaphor/aloe wipes (optional)**

2. 7 days before your procedure:

- Stop taking any iron supplements.
- Stop taking aspirin only if not prescribed by your doctor for a medical condition. If prescribed by your doctor continue to take it and make the staff aware.
- Arrange for your ride to and from your colonoscopy
- Vaseline/aloe wipes** - Consider obtaining a protective ointment such as Vaseline or Aquaphor to protect the anal area during the prep. You can start to apply it after taking the first dose of your prep. To clean the rectal area, use aloe wipes, avoid rubbing, pat instead.

3. 5 days prior to your procedure:

- Review and plan for low residue diet to be started 2 days prior to procedure
- Confirm your ride
- Last chance to cancel or reschedule or you will be charged the fee of \$100
- Stop taking blood thinner (date) _____ only if approved by your cardiologist/PCP.

4. 3 days prior to your procedure: go to the grocery to obtain items on low residue, full and clear liquid diet. **DO NOT CONSUME ANY NUTS AND SEEDS**

5. 2 days prior to your procedure: START AND FOLLOW THE LOW RESIDUE DIET

- See list on next page with foods allowed and foods that you do not want to eat
- Stop taking blood thinner (date) _____ only if approved by your cardiologist/PCP.



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FOODS ALLOWED on Low Residue Diet ** Be sure to include in your diet**

- WHITE bread, rolls, bagels and English muffins (no wheat or wholegrain)
- WHITE rice, regular pasta, noodles & macaroni (no wheat or wholegrain)
- White soda crackers, tea biscuits and plain white melbatoast
- Cereals such as Cream of Wheat, Rice Krispies and Special K (**no graincereals**)
- Pancakes & waffles made from whiteflour
- Tendermeat,poultry&fish(nottoughorchewy)
- Eggs &tofu
- Creamy peanut butter – up to 2 tablespoonsdaily
- Milk and foods made from milk
- Examples: yogurt, pudding, ice cream, cheeses & sour cream. Limit: 2 cups daily (including any used incooking)
- Butter, margarine, oils & salad dressings withoutseeds
- Desserts, no whole grains, seeds, nuts, raisins orcoconut

FOODS NOT ALLOWED - DO NOT EAT ANY OF THE FOLLOWING FOODS 2 DAYS PRIOR TO YOUR PROCEDURE

If you consume any of the following foods, your prep will not be sufficient, your doctor will not be able to perform a good exam and colon cancer can be missed!

- **Whole-wheat or whole-grain breads, cereals, &pastas**
- **Brown or wild rice; other whole grains such as oats, kasha, barley &quinoa**
- **Dried beans, peas, &lentils**
- **ALL FRUITS AND VEGETABLES - RAW, COOKED ORDRIED**
 - Do not eat any of the following: spinach, kale, lettuce, green beans, brussel sprouts, broccoli, collard greens, peas, cauliflower, corn, apples, grapes, bananas, strawberries, raspberries, cherries, blueberries, watermelon, cantelope, mangoetc. This is ONLY a partial list ofexamples
- **prune juice**
- **seeds & nuts, & foods containingthem, popcorn, coconut**
- **ALCOHOLIC BEVERAGES** –can cause dehydration and some wines thin your blood. Therefore we strongly suggest you do not drink alcoholic beverages prior to your procedure.



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6. ONE DAY BEFORE THE PROCEDURE:

- **LOW RESIDUE DIET** for breakfast only.
- **FULL LIQUID LUNCH** (Full liquids include all clear liquids, milk products, milk shakes, etc.)
- **At 1:00 pm slowly drink one bottle of Magnesium Citrate** (you can chase each drink with a clear liquid, suggest warm broth with no noodles to cut the sweetness.)
- **If you are working and not able to drink it, it can be taken at 5-5:30 pm (1 hour prior to starting the 1st dose of SUTABS)**
- **Starting at 2:00 pm – 4:00 pm begin a CLEAR LIQUID DIET** (do not eat any solid foods)
- **Clear Liquid Diet includes the following:**
Water, Gatorade, chicken broth (no noodles or rice), jello (no fruit), popsicles (no purple, green or red) prefer yellow or orange, 7UP or Sprite (no Coke or dark colored colas), hot or cold tea, no coffee, no milk products
- **From 4:00 – 6:00 pm do not eat or drink anything to allow your stomach to empty**
- **Diabetics:**
 - If you take oral medications for diabetes, DO NOT take the evening dose.
 - If you take insulin, follow previous instructions given and bring with you to your procedure
 - Monitor your blood sugar at your usual times
 - Directions for oral medications/insulin: _____

Dosing Schedule SUTAB			
Arrival Time	Dose 1 (Evening Before Colonoscopy)	Dose 2 (Morning of Colonoscopy)	Nothing by Mouth After:
8:00 am	6:00 pm	3:00 am	5:30 am
8:30 am	6:00 pm	3:30 am	6:00 am
9:00 am	6:00 pm	4:00 am	6:30 am
9:30 am	6:00 pm	4:30 am	7:00 am
10:00 am	6:00 pm	5:00 am	7:30 am
10:30 am	6:00 pm	5:30 am	8:00 am
11:00 am	6:00 pm	6:00 am	8:30 am
11:30 am	6:00 pm	6:30 am	9:00 am
12:00 pm	6:00 pm	7:00 am	9:30 am
12:30 pm	6:00 pm	7:30 am	10:00 am
1:00 pm	6:00 pm	8:00 AM	10:30 am
1:30 pm	6:00 pm	8:30 am	11:00 am
2:00 pm	6:00 pm	9:00 am	11:30 am
2:30 pm	6:00 pm	9:30 am	12:00 pm
3:00 pm	6:00 pm	10:00 am	12:30 pm
3:30 pm	6:00 pm	10:30 am	1:00 pm
4:00 pm	6:00 pm	11:00 pm	1:30 pm
4:30 pm	6:00 pm	11:30 pm	2:00 pm



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1ST Dose of SUTABS Day before procedure starting at 6:00 pm



Take the tablets with water.

- Take **4 tablets** and swallow each tablet with **6-8 ounces of water**.
- Wait 15 minutes take **4 more tablets** with **6-8 ounces of water**
- Wait 15 minutes take **4 more tablets** with **6-8 ounces of water**
- For a total of 12 tablets

- **Approximately 1 hour after the last tablet is ingested, drink at least 16 more oz of water or clear liquid in the container provided.**
- **1 hour after drinking the last 16 oz of water, drink another 16 oz of water or clear liquids**
- You have all evening to finish taking the SUTAB pills if you choose to take them slowly over several hours.
- If you experience nausea, bloating or cramping, pause or slow the rate of taking the pills and/or drinking the additional liquid.

- Continue to drink as much clear liquids as you are comfortable in order to remain hydrated until you go to bed.

2nd Dose of SUTABS - DAY OF PROCEDURE



- You may drink clear liquids in the morning
 - when you wake up until 2 hours prior to starting the 2nd dose of the prep.

2nd Dose of SUTABS - **5 hours prior to your arrival time start the 2nd dose**

- Repeat same as 1st dose above
- You can drink clear liquids up until 2 hours prior to your arrival time.



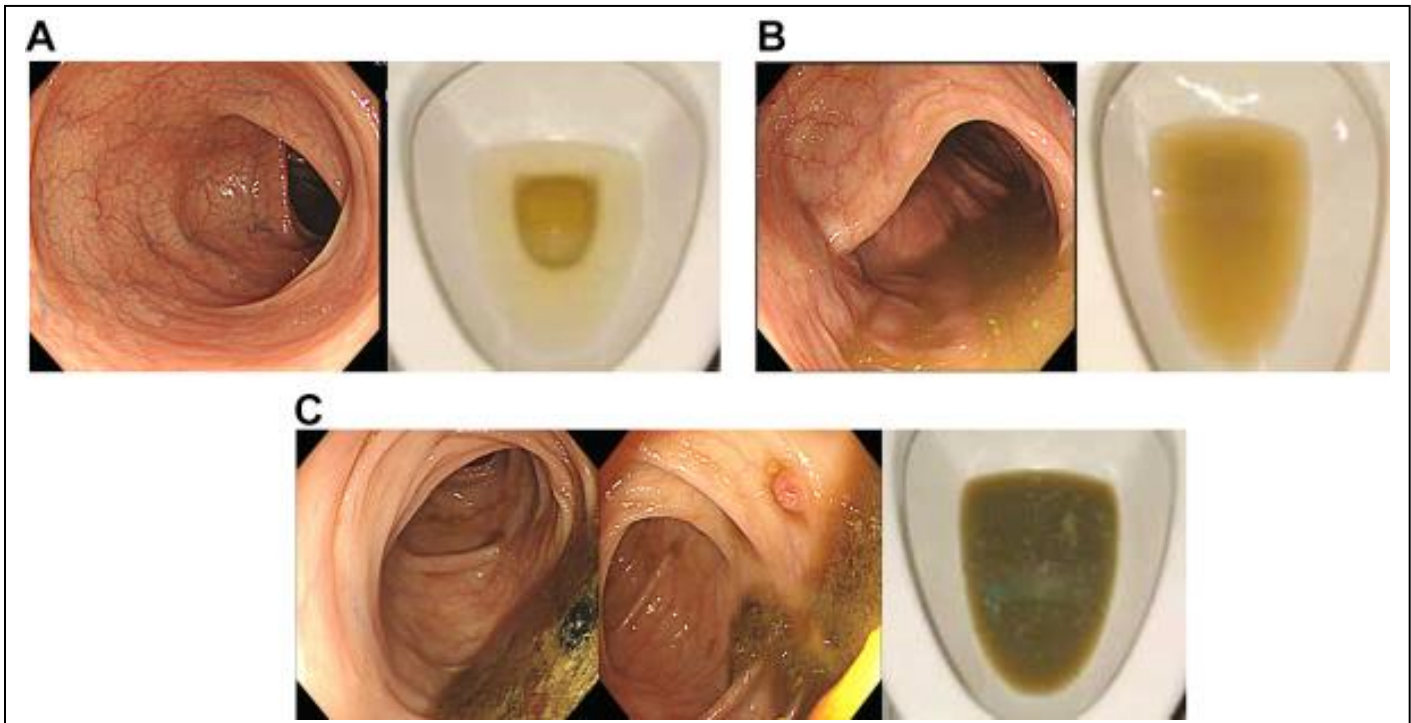
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Your stools should be clear as in image (A) below after drinking the entire prep.

- If they are yellow or brown as in pictures (B and C) then you will need to drink the second bottle of Magnesium Citrate.

Examples of Excellent/Good/Bad Prep:



(A) shows excellent or good bowel preparation (left panel) and clear liquid stool (right panel). Excellent or good bowel preparation is essential for correct diagnosis and further endoscopic management.

(B) turbid fluid in colon is indicative of a fair colon preparation (left panel), and stool was turbid (right panel). The appearance of colonic mucosa is difficult to evaluate, and some lesions may be obscured; and

(C) shows poor colon preparation (left panel). A polyp was detected after repeated water flush (middle panel). Some formed or soft stools are noted (right panel). If you have taken the entire prep and both bottles of Magnesium Citrate (before and after the prep) and your stools are same as image C. Call the office for further instructions!



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Do not eat or drink anything 2 hours prior to your arrival time. Do not chew gum.

FREQUENTLY ASKED QUESTIONS AND TIPS FOR A SUCCESSFUL COLONOSCOPY

What to expect after taking SUTABS and how long will it take until I see results or will the prep start to work?

- After starting to drink the SUTAB PREP you will start to experience loose stools and then diarrhea. It is different with each patient, sometimes the prep can start to work right away or others it may take 2-3 hours.

Do I need to take all of the prep even if my stools are clear?

- **YES!!!! It is very important to take ALL of the prep. Our goal is that your stools are clear or yellow, not brown.**
- **You may also have solid stool higher up in the colon that needs to be eliminated.**

What if I feel nauseated or I start to vomit?

- If you feel nauseated or vomit while taking the prep and you have not finished the entire dose, stop **taking the SUTAB pills until the nausea/vomiting subsides for 30 minutes to 1 hour or until symptoms have resolved.** Then restart the prep.
- **You may spread out the ingestion of the SUTAB pills and take it over several hours, whatever it takes to finish all of the prep. During the first dose you have the entire evening to finish the first dose.**
- If you are not able to finish taking all of the SUTAB prep call (937) 350-6700 for further instructions.

Can I take my medications before my procedure?

- **You can all of your medications up to the day before and the morning of your procedure but it is very important to take heart, blood pressure and seizure medications up to 3 hours prior to your arrival time with a small amount of water.**
- Do not take your medications while taking the prep or they will not get absorbed and work properly.
- You can take medications 1 hour after you are finished taking your prep the night before your procedure. **REMINDER: DO NOT TAKE BLOOD THINNERS. ALSO DO NOT TAKE ASPIRIN UNLESS PRESCRIBED BY YOUR DOCTOR THEN IS FINE TO TAKE.**

Additional Questions:

For questions regarding this prep call (937) 350-6700 before 5:00 pm.

After 5:00 pm your call will be transferred to Medical Society and you will be connected to a physician or support staff. Please do not call after 11:00 pm or before 6:00 am unless it is an emergency. Read the recommended tips to help you prepare for the colonoscopy.



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Colonoscopy “Two Day” SUTAB Instructions

SUTAB Two Day Timeline

Immediately after Receiving Information	Purchase Supplies Needed ** Do not wait until the procedure date	1. Sutabs kit (24 pills) 2. Magnesium Citrate -2 bottles
7 days before colonoscopy	Secure a licensed driver to drive you to and from your procedure.	It is also required by law due to anesthesia that they are present the duration of the procedure.
7 days before colonoscopy	Stop taking aspirin (if not prescribed by a physician) and iron supplements	
2-5 days before colonoscopy	If you are taking a blood thinner stop taking it – specific directions will be given	Only if approval has been granted by your cardiologist/PCP prescribing this medication.
3 days before colonoscopy	Go to grocery to obtain items on diet	Low residue, full and clear liquids STOP EATING NUTS AND SEEDS
2 days before colonoscopy	START LOW RESIDUE DIET and continue all day	DRINK PLENTY OF FLUIDS
One day before colonoscopy		Drink one 8 oz glass of liquid every hour
One day before colonoscopy	Low residue diet	For breakfast
One day before colonoscopy	FULL LIQUID DIET – see diet	For lunch
One day before colonoscopy	2:00 pm	Drink 1 st bottle of Magnesium Citrate
One day before colonoscopy	2:00 – 4:00 pm	Begin clear liquid diet
One day before colonoscopy	4:00 – 6:00 pm	Do not eat or drink anything (can have sips of water – we are trying to empty the stomach to get ready for the prep)
One day before colonoscopy	6:00 pm	Take 1 st dose of SUTAB – see detailed instructions
	1 hour after ingesting the last tablet	Drink 16 oz of water or clear liquids
	1 hour after taking last 16 oz of liquid	Drink 16 oz of water or clear liquids
	Until bedtime	Drink as much liquid as possible to keep you hydrated
Day of colonoscopy	Do not have anything to eat or drink 2 hours before starting your prep	Take medications if needed such as blood pressure and heart meds.
Day of colonoscopy	5 hours before colonoscopy arrival time	**Take second dose of prep same as first dose
	If your stools are not clear after taking the entire prep and you cannot see the bottom of the toilet	Then drink the 2nd bottle of Magnesium Citrate slowly (do not take if you have kidney disease)



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Colonoscopy “Two Day” SUTAB Instructions

CONSENT FOR COLONOSCOPY & ANESTHESIA

What is a colonoscopy?

A **colonoscopy** is a procedure that enables your physician to examine the lining of your colon (large intestine) for abnormalities by inserting a flexible tube (colonoscope) that is about the thickness of your finger into the anus and advancing it slowly into the rectum and colon. The images are viewed on a video monitor.

Why is colonoscopy performed?

A screening colonoscopy examination is done to locate polyps or “small growths” inside the colon. The majority of the time polyps are benign, benign means “not malignant or cancerous”. However, the doctor cannot always tell a benign (noncancerous) polyp from a malignant (cancerous) polyp by its outer appearance alone. For this reason removed polyps are sent for tissue analysis by the pathologist. Polyps are removed most of the time by placing a wire loop around the base of the polyp. An electric current is used to cut the polyp (you will not feel the current). Then the polyp is removed through the colonoscope. Occasionally a polyp is either too large or of such a type that it cannot be removed during colonoscopy. If this happens, surgery may be needed.

What happens during colonoscopy?

Colonoscopy is usually well-tolerated. You will be given anesthesia through an IV, which is administered by an anesthesiologist. This medication will help to relax you and better tolerate any discomfort. You will be sleeping and will not remember having the procedure done.

Just prior to the examination:

- An IV line will be started. An IV line is a plastic tube that is placed into a vein (usually in the hand or arm) so that you can get fluids and medications during the procedure. You will be asked if you have any allergies before the procedure. Let the nursing staff or physician know before the test if you are allergic to any of these medications.
- Small pads called electrodes may be placed on your chest to monitor your heart.
- A plastic clip will be placed on one of your fingers and joined to a pulse oximetry machine. This machine will track your oxygen levels. A blood pressure cuff will be put on your arm to check your blood pressure and other vital signs during the procedure.

During the examination:

Right before the procedure begins you will be placed on oxygen given through a nasal cannula. The examination is carried out with you lying on your left side on the examination table. A lubricant is applied around the anus and the colonoscope is passed into the rectum and slowly advanced through the large intestine by the physician. As the colonoscope is slowly withdrawn, the lining is again carefully examined. The procedure usually takes 15 to 30 minutes.

Photographs are taken during the colonoscopy for documentation and will be provided to you in your discharge instructions.

RISKS AND COMPLICATIONS

There are some dangers to any examination. It is not possible to list every potential or conceivable complications of a colonoscopy and/or polyp removal. Fortunately, complications are very uncommon. Here are the major risks involved:

- 1) **Perforation of the colon** (a hole is poked in the colon). This is a very serious and life-threatening complication that is fortunately very uncommon (less than 1 in a thousand chances). When it occurs, it usually means that emergency surgery is necessary to close the hole. Having a polyp removed increases the chance of having a perforation, though it is still very uncommon. Our physicians are very meticulous and take all precautions to prevent perforation but in spite of this the risk is still present.



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- 2) **Abdominal pain** - A few patients may have some cramping pain after the procedure and will resolve after air is expelled. This should be very minimal due our usage of CO₂, which is absorbed by the body versus regular air.
- 3) **Hemorrhage (bleeding)** Be sure and tell the physician if you have any bleeding tendencies or disorders. Occasionally, after a polyp is removed, there may be some rectal bleeding that can occur within 1-2 weeks after the polyp is removed. The chance of this happening is less than 1 in one hundred. If this occurs, it usually stops on it’s own. More rarely, it requires blood transfusion or putting the colonoscope back in and trying to stop the bleeding.
- 4) **Risk of sedation and anesthesia** also involves risks. Our anesthesiologists are well trained to take care of these complications.
 - Anesthesia can slow the breathing and affect the oxygen in the body. Rarely the breathing can stop.
 - Blood pressure can change but this is monitored by the anesthesiologist.
 - Heart rhythm can change
 - The most common risk from anesthesia is aspiration pneumonia. When a patient is sedated their own secretions can go in the wrong passage and can cause bronchitis or pneumonia.
 - Irritation of IV site - occasionally, an inflammation occurs in the vein where the medication was given. The area may get painful, swollen and reddened but it usually heals within several days. Applying hot packs or hot moist towels may help relieve discomfort.

Although complications after colonoscopy are uncommon, it is important for you to report to our physicians if you notice any of the following symptoms: severe abdominal pain, fever and chills, or rectal bleeding of more than one-half cup. Bleeding can occur several days after polypectomy.

CONSENT FOR PROCEDURE

I understand all of the facts that have been given to me. I hereby authorize Dr _____ (gastroenterologist) to perform a colonoscopy with biopsy and/or polypectomy and Advanced Anesthetics _____ (anesthesiologist or CRNA) to administer anesthesia.

If a female and of childbearing age, I consent to urine HCG testing prior to the procedure.

The nature of the procedure, it’s indications and alternative means of diagnosis or treatment have been explained. I have also been informed of the potential risks involved and their possible consequences. I have read this information sheet regarding this procedure and have had the opportunity to discuss my questions about this information and all of my questions have been answered thereby I consent to this procedure.

Printed Name of Patient

Printed Name of Witness

Signature of Patient
(Signature of Parent or legal guardian if patient is under 18 years of age)

Signature of Witness

Date _____ Time _____



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Colonoscopy and Endoscopy Center, LLC

**Patient's Rights Notification of Physician Ownership
Financial Policy
HIPAA
Advance Directive
Explanation of Patient Statement**

www.mydigestive.com

**7211 North Main Street, Suite 3
Dayton, OH 45415
999 Brubaker Drive,
Kettering, OH 45429**

(937) 350-6703



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PATIENT RIGHTS AND RESPONSIBILITIES

EVERY PATIENT HAS THE RIGHT TO BE TREATED AS AN INDIVIDUAL WITH HIS/HER RIGHTS RESPECTED. THE FACILITY AND MEDICAL STAFF OF THE COLONOSCOPY AND ENDOSCOPY CENTER HAVE ADOPTED THE FOLLOWING LIST OF PATIENT'S RIGHTS

PATIENT RIGHTS

You have the right to:

- Receive treatment without discrimination to race, color, sex, or cultural or national origin, economic, educational or religious background, handicap, disability, contagious disease, or the source of payment for his/her care.
- Considerate, respectful, and dignified care provided in a safe environment.
- Information regarding your diagnosis, treatment, prognosis, unanticipated outcomes. This includes access to your medical records.
- Full consideration of privacy and confidentiality of your medical information.
- Involve yourself or your legal representative in the decision-making process for medical decisions regarding your care, this includes the right to refuse treatment.
- Know the names and roles of people caring for you.
- Appropriate assessment and management of pain.
- To know which facility rules and policies apply to his/her conduct while a patient.
- Be informed by his/her physician or delegate of his/her physician of the continuing health care requirements following his/her discharge from the facility.
- Leave the Endoscopy Center even against the advice of his/her physicians.
- Voice grievances regarding treatment or care that is (or fails to be) provided.
- Be free from all forms of abuse, harassment or retribution.
- Reasonable continuity of care and to know in advance the time and location of the appointment as well as the provider of care. After hours and emergency care telephone number is 937-350-6700 or call 911 or your primary care physician or go to the nearest Emergency room.
- Be provided with information regarding ownership, fees for services and payment policies and receive an explanation of his/her bill regardless of source of payment if requested.
- Change providers

PATIENT RESPONSIBILITIES. You agree to:

- Provide accurate and complete information concerning your symptoms, past and current health history, including medications and allergies/reactions.
- Answer your phone calls from our facility or call back promptly.
- You agree to a scheduled time and will notify the Endoscopy Center if unable to meet that time. A 72-hour lead time is required for cancellations.
- You agree to let us know that you have a clear understanding of the medical care
- Follow the treatment plan and discharge instructions given to you including compliance with medication.
- You will be responsible for any consequences if you refuse planned treatment or do not follow your doctor's orders.
- Accept financial responsibility for care received and pay promptly
- Follow facility policies and procedures
- Be considerate and respectful of the rights of other patients and facility personnel
- **Provide a responsible adult to stay during your time at our Center and transport you home after your procedure.**



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The Center regards the doctor-patient relationship to be sacred requiring trust, mutual respect and confidentiality. If you have any comment, grievance or complaint regarding the care you received by this facility or a physician of this facility, please voice your concern by letter or telephone call to one of the following.

Julie Sprenkel/Administrator/Colonoscopy and Endoscopy Center, LLC/7211 North Main Street, Suite 3, Dayton, OH 45415 (937) 350-6703 or: The **Ohio Department of Health** at 800-342-0553, via e-mail at HCCComplaints@odh.ohio.gov or at the state website

www.cdc.gov/mmwr/about.html

All Medicare beneficiaries may also file a complaint with the **Medicare Beneficiary Ombudsman** at <https://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html> or call 1.800.MEDICARE (1.800.633.4227) **Office of the Inspector General:**

<http://oig.hhs.gov>.

[The Center will not discriminate or use any concern or reprisal against you for kind of action to solve a problem or voice a concern.](#)

PHYSICIAN FINANCIAL INTEREST AND OWNERSHIP

Dr. Ramesh Gandhi and Dr. Roopa Gandhi has financial ownership in this facility.

FINANCIAL POLICY

- The patient is expected to make every effort to pay any amount they are personally responsible for paying prior to the date of the procedure or at the time of the procedure. This amount includes insurance co-pays, deductibles and self pays. Every effort will be made to accurately determine the patient's out-of-pocket expense based on the information available from the patient's insurance company.
- If the patient does not have insurance coverage at the time of the service, the predetermined amount is expected to be paid by the patient prior to the procedure.
- The patient's insurance will be billed as a courtesy to our patients. Colonoscopy and Endoscopy Center will make every reasonable effort to bill your carrier in a timely and accurate manner.
- Any remaining balance after insurance has satisfied their obligation to you based on your contract with them must be paid in a timely manner. Should payment result in a severe hardship every effort will be made to work out a payment plan. Should you qualify for a payment plan, arrangements must be made with the administrator.
- A fee of \$75.00 will be added to your account if you cancel your procedure within 72 hours or do not show up for your procedure.

PRIVACY AND CONFIDENTIALITY

Colonoscopy and Endoscopy Center, LLC complies with federal HIPAA (Health Insurance Portability and Accountability Act) regulations.



DIGESTIVE CENTER formerly Gandhi GI

Colonoscopy "Two Day" SUTAB Instructions

I acknowledge that I have been informed that a HIPPA Privacy Notice is available to me upon my request. Please list the family member(s) or other person(s), if any, whom we may inform or contact about your general medical condition. This information may include your diagnosis(s), plan of treatment and medication use. **Please complete the following.** You do not have to list anyone.

.....
Name **Relationship**

.....
Phone number

INTERPRETER

If you will need a translator, please let us know and one will be provided for you. If you have someone who can translate confidential, medical and financial information for you please make arrangements to have them accompany you on the day of your procedure.

ADVANCE DIRECTIVES

Colonoscopy and Endoscopy Center is not an acute care facility. Your Advance Directive will be suspended at our facility regardless of the contents of any advanced directive or instructions from a health care surrogate or attorney. Therefore if an adverse event occurs during your treatment, we will initiate resuscitative or other stabilizing measures and transfer you to a Premier Health Network or Kettering Health Network facility for further evaluation. Your agreement with this policy **DOES NOT** revoke or invalidate any current health care directives or health care power of attorney.

Please check one:

- I have an Advance Directive
 I do NOT have an Advance Directive

For more information on Advance Directives please visit: <https://ohiohospitals.org/getmedia/9d65b1eb-2dd0-4678-b59e-e8059b226f39/Ohio-Advance-Directives-Forms.pdf.aspx>



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Colonoscopy “Two Day” SUTAB Instructions

MULTIPLE STATEMENTS

As a service to our patients we offer multiple services under one roof and **each service is billed separately.**

To ensure timely processing, we request that each statement be paid separately. If you are sending payment by mail, ***be sure to include a separate check for each statement.***

You may receive a statement from any of the following companies:

- **Gandhi GI - for physician services only.** This includes the physician charges for *office visits* and *procedures*.
- **Colonoscopy and Endoscopy Center - for facility services.** This covers the facility charges for procedures, which are like hospital charges.
- **Pathology** – you will receive one statement for pathology and lab services from Gandhi GI. This is the total fee for processing and reading biopsy specimens (including polyps) taken during procedures
- **Anesthesia** – for anesthesia received during the procedure. ASC Anesthesia is a third party billing company.

By signing below, you, or your legal representative, acknowledge that you have received, read and understand this information (verbally and in writing) in advance of the date of the procedure and have decided to have your procedure performed at this center.

Signature of Patient/ Patient Legal Representative/Date

Printed Name of Patient or Patient Legal Representative: