



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

M. Behzad Zafar, 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 Southwest Surgery Center

7789 Southwest Freeway
Plaza 4, Suite 200
Ph: 713-343-3100

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 my office immediately to discuss how to manage your medications. If you are on Insulin, do not take your morning dose on the day of the procedure.

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/patients.aspx?id=384>

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

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



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

ENDOSCOPY PROCEDURES: Patient Financial Responsibility and Disclosures

Thank you for scheduling your endoscopy procedure with Medical Clinic of Houston LLP. 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 LLP (Dr. Wolf, Dr. Zafar and 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 ancillary 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 company or facility (based on your insurance plan) to be used for any of these services.

A financial counselor will verify the benefits with your insurance company for your scheduled procedures. If we have a contract with your managed care plan, we have agreed to file your insurance claim on your behalf and collect your out-of-pocket expenses, limited to deductible, co-insurance and co-pay based on the rate contracted by Medical Clinic of Houston LLP with your health insurance. 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 LLP prior to your procedures. 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 procedures. If there is no insurance information available, you will be expected to pay the full in full prior to the procedures at a self-pay price.

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 you elect to be seen without a referral / authorization, or you have changed primary care providers without obtaining a new referral / authorization, or your referral / authorization has expired, you will be responsible for payment of our full 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 LLP 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.