

YOUR PROCEDURE IS SCHEDULED ON:

Date: _____

Time of Procedure: _____ AM
 PM

Please Arrive at Registration at: _____ AM
 PM

Procedure Scheduled: Colonoscopy
 EGD (Upper Endoscopy)
 EGD/Colonoscopy

Scheduled at:

Chevy Chase Endoscopy Center

5530 Wisconsin Ave., Ste 500, Chevy Chase, MD 20815
301-654-8020

Endoscopy Center of Washington DC

2021 K St NW., Ste T-115, Washington, DC 20006
202-775-8692

Bethesda Endoscopy Center LLC

10215 Fernwood Rd., Ste 260, Bethesda, MD 20817
301-530-2800

Sibley Memorial Hospital Endo-Unit

5255 Loughboro Rd., NW, Washington, DC 20016
202-537-4025

Suburban Hospital – Outpatient

8600 Old Georgetown Rd., Bethesda, MD 20814
301-896-2044

Washington Hospital Center

110 Irving St., NW, Washington, DC 20010
202-877-9284

DAY OF PROCEDURE CHEAT SHEET:

Time of Procedure:	Nothing to drink after:	Time of Procedure:	Nothing to drink after:
8:00am	5:00am	12:00pm	9:00am
9:00am	6:00am	1:00pm	10:00am
10:00am	7:00am	2:00pm	11:00am
11:00am	8:00am	3:00pm	12:00pm

**Questions or
rescheduling, call:
M–F 8:30 A.M.–4:30 P.M.
240-737-0085**

**For urgent after-hours
questions or to reach
the on-call doctor:
1-877-722-7098**

**Detailed information is also
available online at:
www.CCendo.com
or
www.Endodc.com**



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**ADDITIONAL
INFORMATION
YOU NEED TO
KNOW FOR YOUR
PROCEDURE**

BILLING INFORMATION FOR YOUR PROCEDURE

You will receive at least three (3) billing statements for your procedure; one from your doctor, one from the endoscopy center or hospital where the procedure was performed, and one from the anesthesiologist.

If the procedure included a biopsy or lab work, you will receive a fourth bill.

Your insurance company will be billed separately for all such charges. You will continue to receive monthly statements while your insurance company processes your claim(s).

Please make arrangements with us to pay the portion of your bill that is not covered by your insurance.

For billing questions, please call 240-485-5200 and press option 2.

For anesthesia billing questions, please call Capital Anesthesia Partners at 800-222-1442.

Additional numbers for questions...

Suburban Hospital	301-896-3100
Sibley Hospital	202-537-4000
Washington Hospital Center	202-877-7000

CANCELLATION POLICY

Cancellations for non-medical reasons **MUST** be made one week (7 days) in advance of the scheduled procedure date. If you cancel within one week of the procedure, you will be charged \$150. This cancellation fee will not be covered by your insurance and will be your responsibility. You will need to pay this charge prior to rescheduling your next procedure.

Last minute cancellations for medical and personal emergencies (death or illness within your family) will not incur a penalty fee, but must be discussed with your doctor who is performing the procedure. Please let us know if you have any questions.

REGARDING MEDICATIONS

If you take prescription medications, especially diabetes medication or anticoagulants (blood thinners) such as Coumadin & Plavix, **you should check with your Primary Care Physician prior to your procedure as to how they should be adjusted.** All medications should be taken at least three hours prior to procedure with small amounts of water.

Antibiotics: If you have had a previous heart valve infection, currently have a prosthetic heart valve or had a recent joint replacement (within 6 months), you **MUST** have an office visit with your Gastroenterologist prior to your procedure.

TRANSPORTATION HOME AFTER YOUR PROCEDURE

From admission to discharge, it takes approximately 2½ hours. Please arrange to have someone take you home at that time.

You will receive anesthesia for your procedure. Regulatory policy requires that you **MUST** arrange transportation home with adult supervision. We cannot allow you to leave unattended, even in a taxi. Your escort will need to come to the lobby to pick you up. Failure to adhere to this policy will require your procedure to be cancelled or be done without anesthesia.

If your procedure is scheduled after 2 p.m., the adult who will be assisting you home must stay in the center lobby until you are discharged home.

CLEAR LIQUID DIET

– NO RED, PURPLE OR ORANGE LIQUIDS –

You may have any of the following the day before your colonoscopy:

- Regular or Diet Ginger Ale, Sprite or 7-Up
(no cherry flavor)
- Water
- Apple juice
- Gatorade (not orange, red or purple)
- Popsicles (not orange, red or purple)
- Chicken or vegetable consommé or clear broth
- Yellow or green Jell-O
- Tea
- White grape juice
- Lemonade (no pink lemonade and no pulp)