

**DIRECTIONS TO  
THE CENTER FOR AMBULATORY AND MINIMALLY INVASIVE SURGERY  
"CAMIS"**

234 Industrial Way West, The Summit, Building B, Suite 101.  
Eatontown, NJ 07724  
(732) 440-4900

**FROM THE NORTH**

- Take Route 18 South, Towards Pt. Pleasant
- Take EXIT 13A, HOPE ROAD
- Make the 3<sup>rd</sup> left onto INDUSTRIAL WAY WEST
- Follow INDUSTRIAL WAY WEST for approximately a half mile
- There is a large blue building on the right
- 234 INDUSTRIAL WAY WEST / THE SUMMIT, will be on the left
- Building B is just behind Building A, both buildings are clearly marked.
- If you reach Meridian Road, you've gone too far

**FROM THE SOUTH**

- Take Route 18 North, towards Eatontown, to CR-547S, Exit 13A
- Take EXIT 13A, towards Garden State Parkway/Wayside
- Make a right onto Wyckoff
- Make a left onto Hope Road
- Make the 2<sup>nd</sup> left onto INDUSTRIAL WAY WEST
- Follow INDUSTRIAL WAY WEST for approximately a half mile
- There is a large blue building on the right
- 234 INDUSTRIAL WAY WEST / THE SUMMIT, will be on the left
- Building B is just behind Building A, both buildings are clearly marked
- If you reach Meridian Road, you've gone too far

Today's Date: \_\_\_\_\_

Dear Patient,

The doctor will be performing your upcoming procedure at CAMIS, an ambulatory surgery/out-patient facility, located at 234 Industrial Way West, The Summit, Building B, Suite 101, Eatontown, NJ 07724.

**At least 6 days prior to your procedure, please carefully read all of the attached information.**

It is extremely important that you follow the dietary and preparation instructions as outlined in your attachments.

The day before your procedure, the surgery center will call you to advise you of the time you should arrive. Please note, **the appointment time given at the time your appointment is made is always subject to change.**

On the day of your procedure, please bring with you the following items:

- Your insurance ID card (s)
- Picture ID

All other paperwork attached is for information purposes only and does not need to be brought with you on the day of your procedure.

**\*\* If you find it necessary to cancel your appointment, please kindly give us 72 (business) hours notice; this will allow us to use this appointment for other patients as well as help you avoid a \$100.00 cancellation fee. \*\***

Thank you.

Advanced Gastroenterology Associates

**COLONOSCOPY WITH MIRALAX / MAG CITRATE PREP**

COLONOSCOPY DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

**WHAT YOU NEED TO BUY:**

- **MIRALAX** – 238 gram bottle (available over-the-counter at any pharmacy).
- **Mag Citrate** – 300 ml (available over-the-counter at any pharmacy).
- If not diabetic: Gatorade, 64 ounces (any color except red or purple) Alternatives: any clear drink, such as water, Crystal Light, etc.
- If diabetic: Crystal Light (to be mixed with 64 ounces of water). Alternatives: water (64 ounces) or any other sugar free drink.
- You may want to purchase a supply of "clear liquids" for your preparation.

**MEDICATIONS**

If you take Aggrenox, Brillinita, Coumadin (warfin), Effient, Eliquis, Lovenox, Plavix (clopidogrel), Pradaxa, Xarelto, or diabetic medications, please make sure you have received instructions from your prescribing doctor on any changes you may need to make while preparing for your colonoscopy.

**INSTRUCTIONS:**

**5-7 days prior to procedure:**

Stop all herbal supplements (such as ginkgo biloba, St. John's wort, fish oil), vitamin E, iron supplements, and anti-inflammatories (such as Advil, Motrin, Aleve, or Excedrin). It is okay to take Tylenol. Continue taking all approved medications. **DO NOT STOP ANY MEDICATIONS, INCLUDING ASPIRIN, UNLESS INSTRUCTED BY YOUR DOCTOR.**

**3-4 days prior to the procedure:**

Start a low roughage diet, avoid excess amounts of vegetables, salads, fruits with skins or seeds, nuts, corn, popcorn, whole grain cereals, or whole grain breads (for example, no Kashi).

**1 day before the procedure:**

- Okay to take approved daily medications.
- Clear liquid diet all day long. For example, water, juice with no pulp (apple, etc.), popsicles, soda, jello (any color but red or purple), clear broth, black coffee (no milk), ice, etc.
- NO food or dairy products all day long.

**At approximately 12 noon:**

- Mix 238 grams of Miralax with Gatorade or substitute and refrigerate.

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**COLONOSCOPY WITH MIRALAX PREP – CONTINUED**

The evening before your procedure, at \_\_\_\_\_:

Start drinking the Miralax and Gatorade, or Miralax and substitute mix.  
Try to drink one 8-ounce cup every 15-20 minutes. If nauseated, slow down.

Day of the procedure, at \_\_\_\_\_:

Drink 300ml of Mag Citrate and then drink 32 ounces of water – within one hour.

Nothing to eat or drink prior to the procedure (no water, coffee, candy, gum). No breakfast. Take only your approved daily medications with a few sips of water (no diuretics/water pills unless this is combined with your blood pressure pills). **IF YOU CONTINUE DRINKING AFTER YOUR MEDICATIONS, YOU PUT YOURSELF AT RISK OF ASPIRATION PNEUMONIA.**

**After your colonoscopy**

Sedatives given during your colonoscopy may linger for hours, so it is essential that a companion accompany you home. Your procedure will be canceled if you do not have appropriate transportation home. You should not drive or operate any machinery. Do not drink alcohol or take sedative medicines during the next 24 hours following your procedure. Do not plan to travel outside the country for 10 days following your colonoscopy.

During the colonoscopy, air is used to partially inflate the bowel. This may give you a sensation of bloating or cramps. You can take Gas-X or Mylicon for gas. The discomfort will gradually disappear. Passage of small amounts of blood in the stool is of no consequence. You should notify us immediately at (732) 370-2220 if you develop worsening abdominal pain, persistent nausea and vomiting, passage of large amounts of blood or clots, or significant fever (over 101).

Unless otherwise instructed, you may resume your usual diet and medications after the procedure.

# **KNOW YOUR BENEFITS!!!**

You must call your insurance company prior to your procedure to KNOW YOUR BENEFITS.

You will be responsible for any **DEDUCTIBLES** and **CO-INSURANCE** associated with your particular insurance plan. DO NOT assume “in-network” means you will be 100% covered.

You are scheduled to have your procedure performed at the **Center for Ambulatory and Minimally Invasive Surgery (CAMIS)**, which is an **Ambulatory Surgical Facility**, not an office. Whether or not this facility is in network with your insurance carrier, you may have out-of-pocket costs which come from annual deductibles, coinsurance, and co-pays.

We will obtain any necessary prior authorizations for your procedure; however, this does not guarantee payment. **Please check your benefits with your insurance carrier(s) for this procedure.**

To help you better understand your benefits when calling your insurance carrier, the following is a check-list of important questions to ask.

**Is the facility in network with my insurance carriers?**

Please note, even if your doctor participates with your insurance carriers, CAMIS may not. It is your responsibility to verify your coverage with ALL your insurance carriers.

**Do I have a facility-based deductible?**

If so, you may be asked to bring a portion of this deductible the day of the procedure. CAMIS will call you prior to your appointment to notify you of this. If a payment plan would be helpful, please let them know at the time of this phone call.

**Am I responsible for any co-insurance?**

For example, some policies cover 80%, leaving the patient responsible for 20%, which is your co-insurance. If you have any co-insurance responsibility, you may be asked to bring a portion of this amount the day of the procedure. CAMIS will call you prior to your appointment to notify you of this. If a payment plan would be helpful, please let them know at the time of this phone call.

**Do I have a facility co-pay?**

If so, **this is due on the date of the procedure.**

**Do I need a referral?**

Please make sure all referrals are up-to-date. If you are scheduled for a second procedure on another day, a second referral may be required.

**How will my colonoscopy be billed?**

If you are having a colonoscopy, to better understand how your insurance company may handle your colonoscopy claim, please see the attached sheet. When calling, you'll need your diagnosis code(s), found on your patient summary received after your office visit, so that your insurance company can tell you how they will be processing your claim and your potential financial responsibility, if any.

As always, if you have any questions or concerns, please feel free to call us at (732) 370-2220.

475 County Road 520, Suite 201, Marlboro, NJ 07746

59 Kent Road, Howell, NJ 07731

100 Perrine Road, Old Bridge, NJ 08857

**Tel. 732-370-2220 • Fax: 732-548-7408**

[www.advancedgastroonline.com](http://www.advancedgastroonline.com)

## Colonoscopy: Screening, Surveillance or Diagnostic?

Your insurance policy may be written with different levels of benefits for preventive versus diagnostic or therapeutic colonoscopy services. This means that there are instances in which you may think your procedure will be billed as a "screening" when it actually has to be billed as therapeutic or surveillance. How can you determine what category your colonoscopy falls into?

### Colonoscopy Categories:

#### Diagnostic/Therapeutic Colonoscopy:

- Patient has past and/or present gastrointestinal symptoms, polyps, GI disease, iron deficiency anemia and/or any other abnormal tests.

#### Surveillance/High Risk Screening Colonoscopy:

- Patient is asymptomatic (no gastrointestinal symptoms either past or present) but:
- Has a first degree relative with colon cancer or polyps.
- Has a personal history of IBD, colon polyps, or colon cancer
- Is under the age of 50 with a family history of colon cancer or colon polyps

Patients in this category are required to undergo colonoscopy surveillance at shortened intervals (every 2 -5 years, for instance).

#### \*Preventive Colonoscopy with Screening Diagnosis:

- Patient is asymptomatic (no gastrointestinal symptoms either past or present)
- Patient is over the age of 50
- Patient has no personal or family history of GI disease, colon polyps, and/or cancer
- The patient has not undergone a colonoscopy within the last 10 years.

\*Your primary care physician may refer you for a "screening" colonoscopy, but there may be a misunderstanding of the word screening. You must have no symptoms at all for your colonoscopy to be billed as a screening service.

Before your procedure, you should know your colonoscopy category. After establishing which one applies to you, please call your insurance company to find out your coverage for this service, as well as what, if any, your out-of-pocket responsibility will be.

**Can the physician change, add or delete my diagnosis so that I can be considered eligible for colon screening?**

No! The patient encounter is documented in your medical record from information you provided, as well as what is obtained during our pre-procedure history and assessment. It is a binding legal document that cannot be changed to facilitate better insurance coverage.

Patients need to understand that strict government and insurance company documentation and coding guidelines prevent a physician from altering a chart or bill for the sole purpose of coverage determination. This is considered insurance fraud and punishable by law with fines and/or jail time.

**What if my insurance company tells me that the doctor can change, add or delete a CPT or diagnosis code?**

Sadly, this happens a lot. Often the representative will tell the patient that "if the doctor had coded this as a screening, it would have been covered differently." However, further questioning of the representative will reveal that the "screening" diagnosis can only be amended if it applies to the patient. Remember that many insurance carriers consider only patients over the age of 50 with no personal or family history as well as no past or present gastrointestinal symptoms as eligible for a "screening." If you are given this information, please document the date, name, and phone number of the insurance representative. Next, contact our billing department, and we will investigate the information given.

CPT: \_\_\_\_\_

DX: \_\_\_\_\_

2/2019

# CENTER FOR AMBULATORY AND MINIMALLY INVASIVE SURGERY (CAMIS)



234 Industrial Way West, Bldg. B., Suite 101 · Eatontown, NJ 07724 · (P) 732-440-4900 · (F) 732-440-4502

## For all patients and their caregivers:

Please know that your health, safety, and well-being continue to be our highest priority.

During this COVID-19 outbreak, CAMIS has been working to carefully provide the safest possible care to our patients, many of whom require specialized care.

We have been safely performing urgent cases as allowed by Executive Order, with the strictest of infection control procedures and are proud of the fact that we have a certified Infection Preventionist on staff at CAMIS to oversee the process and ensure the highest standards are followed.

We would like to make you aware of our revised **pre-operative guidelines** and our **visitor policy**.

## Step 1: Preparing for your procedure:

To help minimize risk of asymptomatic spread of coronavirus during your procedure we ask that you:

- **You must have a COVID-19 test within 6 days of your procedure**, your physician's office can guide you in places to get tested.
- Continue to **shelter in place** to protect yourself from others in the community.
- Follow **physical distancing and handwashing guidelines**. This applies to the person who will be bringing you to and from the procedure as well.
- **Avoid contact with others or leaving the home** once you have been tested prior to surgery (see last page for detail).
- **Pre-procedure:** We want to perform your procedure in the safest possible manner to give you the best chance for a smooth recovery. It is critical that you complete your online health history form **as soon as you receive your personalized link via text message and/or email**. **Your procedure will not be officially scheduled** until this is complete.
- **Check for symptoms** daily prior to procedure and notify us if you have any of the following prior to arriving:
  - Fever  $\geq$  99 F in the last 24 hours
  - Cold/FLU symptoms (e.g. cough, shortness of breath, respiratory distress, fever, chills, sore throat)
  - GI upset or loss of taste or smell

## Step 2: Stay flexible:

Your procedure is currently scheduled to proceed on the planned date and time, but we also have to be flexible to deal with any potential changes regarding the capacity of our Center and providers. **We would appreciate your understanding if things change**, and in return we promise to keep you informed with up



to date information with what is happening here at CAMIS, as well as keeping your best interests at the forefront.

### **Step 3: Understand what to expect day of procedure:**

Under the authority of the state of New Jersey Department of Public Health Order, we have some **strict guidelines** in place that you will see immediately upon arriving at our facility.

For patients with a scheduled procedure at CAMIS, 234 Industrial Way West, Bldg. B, suite 101, Eatontown, NJ 07724:

- **Please be available by phone for instructions and evaluation.** Watch for our phone number, 732-440-4900. **If we are unable to reach you, your procedure will be rescheduled** to ensure all appropriate measures and precautions are followed. There will be limited appointments and it is essential that you receive the proper instructions and arrive at the scheduled times, otherwise you will be rescheduled.
- Please arrive at the **designated time** given on the pre-procedure phone call. Timely arrival is important, and walk-ins will not be accommodated for the safety of our patients, staff, and physicians.
- As an extra layer of protection, you will notice our entire staff will be wearing surgical masks and other items as needed. **Please comply with the law and arrive with a mask/face covering.**
- The patient will be checked in and asked to sign appropriate paperwork.
- Please be sure to provide contact information of your designated point person when asked.
- Your designated person/driver will be asked to remain in their car until the procedure is over, at which time we will call them.
- As soon as the surgical team is ready for you, they will take you to our pre-op area.
- Our surgical staff will keep your designated point person informed of your progress.
- After you have recovered in our post anesthesia care unit (PACU), you will be discharged to home.
- Our clinical staff will take you to your designated point person in the designated vehicle and obtain proper signature acknowledging your safe discharge from our facility.
- **The following page is a list of mandatory requirements from the Department of Health and the Governor's Office. Please read carefully to avoid having your procedure re-scheduled.**

**We genuinely care about you and will do everything we can to provide you with the safest and best possible care experience.** If you have any questions or concerns prior to that day, please don't hesitate to contact us. You can also visit our website at [www.camisnj.com](http://www.camisnj.com).

# Center for Ambulatory and Minimally Invasive Surgery

## What to expect for your upcoming procedure:

**You must have Pre-operative COVID testing done within six (6) days of your procedure.** When making an appointment, please make sure the testing site knows this test is for **CAMIS Surgery Center** and results must be available prior to the day of surgery or you will need to be re-scheduled. Testing site can send results to fax # 732-483-7182.

It is important that you follow these guidelines so we can provide care that keeps both you, the staff, and physicians safe and your stay with us uneventful.

## Following testing you must:

- i. Self-quarantine at home until the day of surgery.
- ii. Socially distance in your place of self-quarantine, even while home with family, and wear a mask at all times, unless alone, or with family that also is not going out in public.
- iii. Immediately inform the facility if there is any contact with suspected or confirmed case of COVID-19 (732-440-4900).
- iv. Immediately inform the facility if there is any contact with a person with symptoms consistent with COVID-19 (732-440-4900).
- v. Immediately inform the facility if you develop any symptoms consistent with COVID-19 while in self quarantine (732-440-4900).

## When you arrive at the Center for a scheduled procedure:

- i. You will be screened for COVID-19 related symptoms
- ii. You will be asked to sign a form to ensure that you have,
  - a. worn a mask since testing
  - b. socially quarantined since testing
  - c. do not have any new onset of symptoms related to COVID-19