



TRYON MEDICAL
PARTNERS®

Sir or Madam:

Welcome and Thank You for choosing Tryon Medical Partners Gastroenterology!

Please take a moment to read this introductory letter in addition to the procedural packet that is enclosed. It contains very important information regarding your upcoming procedure.

Procedure Instruction Packet

- Procedure Appointment and Location Information
- Procedure Instructions
- Prep Instructions
- Anesthesia/Billing Information

Tryon Endoscopy Center Packet

- Directions to Tryon Endoscopy Center
- Patient Responsibilities
- Patient/Visitor Information
- Patient Financial Policy
- Patient Rights

Patient History Form

- Complete and bring with you (Only for Tryon Endoscopy Center patients)

Please do not wait until the last minute to open/read your information as this may lead to an inadequate preparation for your provider. Please take care of work/school; coverage PRIOR to your procedure.

This test has been recommended by your PCP as they partner with us in your overall health. Your reservation has been made well in advance for your upcoming procedure. Please make every effort to keep your appointment. **Your driver/escort is required to remain available for the duration of your stay. The expected duration for procedure(s) is 3 hours but may be shorter or longer. If you can not secure a driver/escort, please contact COMFORCARE, 3 days prior to your procedure at 704-543-0630 or Visiting Angels at 704-846-1160. (There is a fee for this service.)** Our facilities are equipped with free WIFI for those who require it. You will receive a call from Tryon Medical Partners 48 hours prior to confirm the scheduled procedure(s). Should your scheduled appointment need to be changed or cancelled please call our office not your primary care provider at 704-489-3410.

Please do not hesitate to contact our office if you still have questions or concerns. We look forward to meeting and caring for you.



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Amit Aravapalli, MD
Oscar Brann, MD
Christopher Ferris, MD
Eric Hilgenfeldt, MD
Kent C. Holtzmuller, MD
David Scott Smith, MD

Patients Name: _____ Referring MD: _____
Appointment Date: _____ Arrival Time: _____
Scheduler: _____ Phone: _____

Please call your scheduler (listed above)
AT LEAST 7 BUSINESS DAYS IN ADVANCE,
if you find it necessary to reschedule your procedure.
Please bring your photo ID and insurance cards with you to the facility.
For after hours Nurse (5pm-8am), Please call 704-489-3410.

Tryon Endoscopy Center []
16817 Marvin Road Ch, NC 28277
704-275-3256

Atrium Health Endoscopy Center - Ballantyne
Carolina's / Gastro Ctr- BASC []
15110 John J. Delaney Dr. Suite 120
704-512-2140

Atrium Main / Mercy / Pineville
1000 Blythe Blvd. Ch, NC []
2001 Vail Avenue Ch, NC []
10628 Park Rd, Ch, NC []

Langtree Endoscopy Center
106 Alexander Bank Drive, Suite 101
 Mooresville, NC 28117
704 -660 -2651

Atrium Health Endoscopy Center - Kenilworth
1225 Harding Place Suite 5200
704-355-4178

PLEASE NOTE:
After 3 cancellations or reschedules will result in an office visit before scheduling your procedure again.



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ANESTHESIA/BILLING

ATTENTION

1. You will automatically be receiving **MONITORED SEDATION (deep IV sedation)** for your GI procedure. It is required by the Anesthesia Provider that someone over 18 accompany you to your appointment, stay with you throughout your procedure(s) and take you home.
2. An alternate sedation such as **Fentanyl/Versed** is available upon request. This sedation is administered by a nurse assisting the Gastroenterologist.
Please note this sedation will be given on a case by case basis.
3. Propofol will be administered by a Certified Registered Nurse Anesthetist (CRNA) from **Anesthesia Services, LLC** for the following Atrium facilities: **Atrium Main, Atrium Pineville, Atrium Mercy, Pineville outpatient, Ballantyne and MCP locations**. Their charges will be processed through your insurance along with those from your physician's office, Carolina Pathology, Carolinas Gastroenterology or Carolinas Digestive Health Associates based on where your procedure is scheduled. To verify that Anesthesia is a covered benefit under your insurance, please contact them directly at **1-888-276-1910**.
4. Monitored Sedation will be administered by a Certified Registered Nurse Anesthetist (CRNA) at **Tryon Endoscopy Center** through **Anesthesia Care Services** to verify please contact **888-447-7220**. **You may receive a separate bill.**

IMPORTANT BILLING INFORMATION

- Tryon Medical Partners (**704-489-3410**) and the surgical center must be notified **PRIOR** to the procedure of **ANY** changes in your insurance plans, as your insurance may require pre-authorization or a referral from your Primary Care Physician to be a covered benefit.
- Tryon Medical Partners **WILL obtain Prior Authorization for your procedure if required.**
- We ask that you contact your insurance company to **verify your benefits** under your policy. This allows you, the patient to be educated and informed of any out of pocket expenses you may incur.
- The **CPT** codes for a **Colonoscopy** are **45378, 45380** or **45385**. Routine/Screening procedures will change to Diagnostic procedures **IF** biopsies are taken and/or polyps are removed.
- The initial diagnosis code for your Colonoscopy is: _____
- The **CPT** coders for **Upper Endoscopy (EGD)** are **43235, 43239** or **43249**.
- The initial diagnosis coder for Upper Endoscopy (EGD) is: _____
- Please be aware your financial responsibility may be greater than your regular doctor's office co-pay.
- You may receive a separate bill from GPA Labs if any specimens are collected. To verify your insurance with the lab, please call them at 800-345-3376.
- If you are having an EGD, there may be a separate bill from CDX Diagnostics for specimen collection; please call 888-363-6239



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**** PLEASE READ THE FOLLOWING INSTRUCTIONS ****

In preparation for your Colonoscopy, you **MUST** follow our directions.

The quality of your examination depends on adequate preparation. Inadequate prep may result in polyps being missed or the need to repeat the examination

NO SOLID FOODS AT ALL THE DAY BEFORE YOUR TEST
NO SOLIDS AT ALL THE DAY BEFORE “IF YOU CAN CHEW IT. DON’T DO IT”

Please remember to stay hydrated throughout the day before the start of your prep. The more hydrated you are the more effective your bowel cleanse will be.

DAY BEFORE CLEAR LIQUID DIET CHOICES

Water

Flavored, spring, sparkling

Coffee or Tea

Sweetener or lemon, Iced Tea, Hot tea, green tea, herbal teas.

“NO MILK OR CREAMER”

Soft Drinks

Sprite, 7UP, Ginger-Ale, Tonic water, Mountain Dew, Fresca, Coke, Pepsi,

DIET IS FINE. “NO Cheerwine, Dr.Pepper or Mr. Pibb”

Fruit Juices

Apple, White Cranberry,

White Grape.

Crystal Light

Sports Drinks

Gatorade, All- Sport Powerade.

“ NO RED, BLUE, PURPLE FLAVORS”

Broth

Chicken, Beef, Vegetable. **“NO NOODLES OR BITS OF MEAT”**

Jell-0

Orange, Green, Yellow (Regular or Sugar Free)

“NO RED BLUE OR PURPLE”

Popsicles

Green, Yellow, Orange flavored. **“NO BITS OF FRUIT”**

Sorbet

Orange, Green, Yellow

Italian Ices

Orange, Yellow, Green

Honey / Sugar



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Continued Instructions

One week prior....

- If you're on insulin or diabetes medications, a nurse will call you at least one week prior. Please alert us if you're on an insulin pump.
- **If you take any blood thinners, please alert our office. You do not need to stop a low dose of 81mg or 325mg of Aspirin.**
- One week prior to your colonoscopy, **AVOID** corn, nuts, seed, and popcorn.

Two days prior....

- **No alcoholic beverages** two days before your procedure.
- You must **take the day off work** for your procedure.

The day before your procedure....

- You may use disposable wet wipes and A&D ointment or Desitin products to reduce irritation of the anal area during the preparation. Please pat the area; do not wipe!!!
- If you experience pain. Please take Tylenol **ONLY**. If you have been prescribed migraine medication, you **MAY** take that.

Day of your procedure....

- Wear loose, comfortable clothing that is easy to put on and remove for your test; bring socks to keep your feet warm.
- Colonoscopy can be performed during your menstrual cycle.
- **The colonoscopy takes less than 30 minutes, but plan on being at the facility about up to 3 hours from arrival time to discharge.**
- **Please take blood pressure, anxiety, asthma, allergy, thyroid, seizure, or heart medications the morning of your procedure, ONE HOUR AFTER YOU DRINK YOUR AM DOSE OF BOWEL PREP with a small sip of water.**
- **Bring your photo ID and insurance cards. Bring a copy if required.**
- **No smoking, vaping, chewing tobacco hard candy, lozenges, or chewing gum.**
- **The Dr. may speak with you and your driver after the exam. They will let you know if a biopsy is done. You will receive a phone call or letter in 7-10 business days with your results and findings.**
- **ON THE DAY OF YOUR PROCEDURE, SOMEONE OVER 18 YEARS OF AGE MUST BE ABLE TO ACCOMPANY YOU AND BE AVAILABLE TO DRIVE YOU HOME. THERE ARE NO EXCEPTIONS TO THIS REQUEST. THIS IS FOR YOUR SAFETY DUE TO MEDICAL SEDATION PROTOCOL. Taxis and Buses are not permitted UNLESS you have an escort.**
- **Please do NOT call the FACILITY to cancel/reschedule your procedure. Please contact the scheduler on your paperwork. Failure to do so will count as a no show.**



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PLEASE DO NOT FOLLOW THE INSTRUCTIONS ON THE PREP BOXES

If your Prescription changes, the PM and AM drink times are the same

Your Bowel Prep will be sent to your local pharmacy 48 hours prior to your procedure for pick up.
Pharmacy _____

PEG 3350, Nulytely, Trilyte, Colyte, Gavilyte-N, Gavilyte-C Instructions
(prescription required)

- Clear liquids only, the day before your procedure, up until midnight the night before.
- **At 5pm**, take 2 **Bisacodyl/Dulcolax** tablets with water (this is an over-the-counter purchase).
- **At 5pm**, mix the **PREP (this step can be done earlier to cool the solution)**. Add water to the top of the line of the bottle. If the PREP came with flavor packets, choose one flavor of your choice and pour into bottle. Cap bottle, shake and place in refrigerator.
- At ____ **PM**, the evening before your procedure, drink a glass of your **PREP** every 15-20 minutes until **HALF** of the gallon is completed. Place remainder in refrigerator.
- At ____ **AM**, the morning of your procedure, drink the rest of your **PREP** within one hour.
- **Important Reminder – NO LIQUIDS, GUM, HARD CANDY, LOZENGES at all, after you drink your 2nd dose of your PREP in the AM.**

SUPREP or Magnesium sulfate/Potassium sulfate/Sodium sulfate Instructions
(prescription required)

- Clear liquids only, the day before your procedure, up until midnight the night before.
- At ____ **PM**, the evening before your procedure, pour one 6 oz. bottle of your **PREP** into the container provided in the box.
- Add cool/cold water to the 16 oz. fill line on the container and mix well and drink. (You may use a straw).
- You must drink 2 more 16 oz. containers of water within the next hour (use container).
- At ____ **AM**, 4 hours prior to your arrival time, mix the second bottle of your **PREP** liquid and follow the same directions as stated above. Ensure you drink two – 16 oz. containers of water within the next hour.
- **Important Reminder – NO LIQUIDS, GUM, HARD CANDY, LOZENGES at all, after you drink your two containers of water with the 2nd dose in the AM.**

NOTE: If you become nauseated and/or begin to throw up the bowel prep, please “STOP”. Put a cool rag on your chest and neck area, take a couple of deep breaths. Try drinking some ginger ale, sprite, apple juice or honey between drinking your prep. Resume drinking at a slow pace and try using a straw.

**Your stool should be light yellow or greenish in color, with minimal flecks in it.
There should be no solids.**



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PLEASE DO NOT FOLLOW THE INSTRUCTIONS ON THE PREP BOXES

****If your Prescription changes, the PM and AM drink times are the same****

Your Bowel Prep will be sent to your local pharmacy 48 hours prior to your procedure for pick up.
Pharmacy_____

CLENPIQ Instructions
(prescription required)

- Clear liquids only, the day before your procedure, up until midnight the night before.
- At ____ **PM**, the evening before your procedure, open and drink one bottle of **CLENPIQ** prep directly from bottle. **DO NOT REFRIGERATE.**
- **Following, you must drink five (5) 8 oz. cups of water within the hour.**
Use the cup provided in the box.
- At ____ **AM**, the morning of your procedure, 4 hours prior to your arrival time, repeat steps above. Once you have completed your second round of **CLENPIQ** and water to follow, **NOTHING BY MOUTH** until after the procedure.
- **Important Reminder – NO LIQUIDS, GUM, HARD CANDY, LOZENGES at all, after you drink your water to follow in the AM.**

PLENVU Instructions
(prescription required)

- Clear liquids only, the day before your procedure, up until midnight the night before.
- At ____ **PM**, the evening before your procedure, **Empty DOSE 1 POUCH of POWDER** in the disposable container provided. **Mango Flavor.**
- Add cool water to the **FILL** line of the container, mix well to dissolve.
DRINK contents within 30 minutes. **REFILL** container with **CLEAR** liquid, **DRINK** within 30 minutes.
- At ____ **AM**, 4 hours prior to your arrival time, empty **DOSE 2** (pouch A&B) **FRUIT PUNCH** with cool water to **FILL** line. Mix and dissolve well. **DRINK** contents within 30 minutes.
- **REFILL** container with **CLEAR** liquid to fill line, **DRINK** within 30 minutes.
- **Important Reminder – NO LIQUIDS, GUM, HARD CANDY, LOZENGES at all, after you drink your water to follow in the AM.**

NOTE: If you become nauseated and/or begin to throw up the bowel prep, please “STOP”. Put a cool rag on your chest and neck area, take a couple of deep breaths. Try drinking some ginger ale, sprite, apple juice or honey between drinking your prep. Resume drinking at a slow pace and try using a straw.Your stool should be light yellow or greenish in color, with minimal flecks in it. There should be no solids.****