COLON PREPARATION WITH MAGNESIUM CITRATE INSTRUCTIONS

ITEMS NEEDED FOR YOUR COLONOSCOPY PREP:

- Two (2) bottles of Magnesium Citrate 8-10 oz bottle
- 2 Dulcolax/Bisacodyl 5 mgs **TABLETS** (No soft gels or gummies)
- Water based Fleet Enema

Step 1: **12:00 Noon**: take 2 tablets Dulcolax/Bisacodyl tablets
Step 2: **2:00:** Drink 2 bottles Magnesium Citrate, over 30-60 minutes each.

If you are **NOT COMPLETELY** cleaned out after finishing your prep, you will need to give yourself a Fleets Enema.

Continue drinking lots of clear liquids the entire day. It is essential for a good colon cleanse and effective results, so that there will be no need for retesting.

STOP drinking clear liquids including water after midnight the night before your scheduled test.
Your clear liquid diet options are listed below. **NO RED OR PURPLE LIQUIDS**

It is common to experience abdominal discomfort until the stool has flushed from your colon. This may take 2 to 4 hours, sometimes significantly longer. If this occurs, continue drinking clear liquids until you have a bowel movement.

STOP, drinking the bowel prep solution and contact our office, if you experience severe distention, pain, or vomiting.

You are ready for the exam if you followed all instructions and your stool is no longer formed and is the consistency of water. The color may vary depending on what you were drinking.

(COLONOSCOPY CODES RANGE FROM 45378-45385)

1. **STATEMENTS** - You will receive separate bills from the following companies:

   ***Northeastern Gastroenterology** - Physician fee and Pathology fee (professional and/or technical component)
   ***Mountain Laurel Surgery Center or CHS Facilities** - Facility fee
   ***Keystone Medical Lab** - Pathology fee (technical component)

2. **CANCELLATION NOTICE** - Northeastern Gastroenterology and Mountain Laurel Surgery Center require 24 hours notice. There will be a fee of $100.00 for Mountain Laurel Surgery Center for all tests not canceled in advance.

3. **REFERRAL** - IF your insurance requires a referral from your Primary Care Physician, please be sure to bring the referral with you at the time of your scheduled visit OR the physician's office can fax the referral directly to us.

4. **PRECERTIFICATION** -IF your insurance plan requires a precertification for a colonoscopy (PROCEDURE CODES 45378-45385) being done at an ambulatory surgical center or a hospital, please let us know and we will contact your insurance carrier to obtain it.

5. **SCREENING COLONOSCOPIES** - If your insurance plan has a wellness package,you *need* to let our billing department know prior to your procedure the answers to the following questions:

   A. Does your plan cover colonoscopy screenings? (A screening means you are having no problems that would warrant a colonoscopy for diagnostic reasons)

   B. How often does your plan allow you to have a screening?

PLEASE NOTE- A screening colonoscopy will change to a diagnostic colonoscopy if a biopsy is done

PLEASE KEEP IN MIND THAT YOUR INSURANCE POLICY IS A CONTRACT BETWEEN YOU AND YOUR INSURANCE COMPANY. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT OUR BILLING DEPARTMENT AT 570-253-3391