

# SUPREP Preparation Instructions

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**Location:**

Vail Valley Surgery Center  
320 Beard Creek Road  
Edwards, CO 81632  
(970) 569-7400

Date of your colonoscopy: \_\_\_\_\_

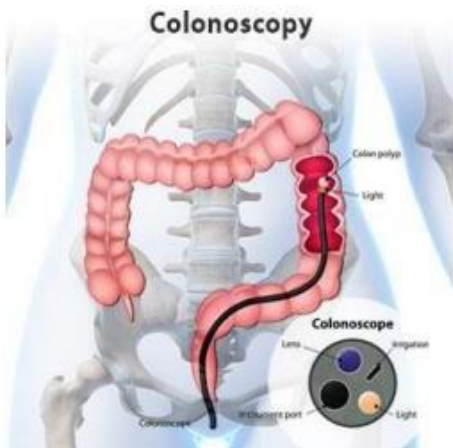
Appointment time: \_\_\_\_\_

Check-in time: \_\_\_\_\_

Doctor: \_\_\_\_\_

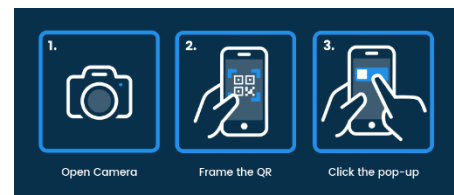
Please note, procedure time is subject to change up until the day before your scheduled procedure date.

Please read entire packet **TWO WEEKS** prior to procedure so you can prepare.



## About Your Procedure

You are scheduled for a colonoscopy at Vail Valley Surgery Center. Your prep is one of the most important parts of your colonoscopy! Without a good prep, your gastroenterologist will not be able to see your colon clearly. This exam of the large intestine, or colon, is performed while using a flexible tube about the size of your ring finger. A tiny camera at the tip of the tube allows the doctor a live view of the colon. Your gastroenterologist will check your colon for any irritated tissues, or polyps. A good bowel prep is essential for an accurate and successful procedure. These instructions will help maximize the ease, safety and success of your preparation.



Please scan the QR code to be directed to [www.suprepkit.com/HowtoPrep](http://www.suprepkit.com/HowtoPrep) for detailed videos in English and Spanish on specific SUPREP prep instructions.



## Colonoscopy Shopping List (Prescription for SUTAB, everything else is over-the-counter)

- ☐ **SUPREP-** SUPREP Bowel Prep Kit is taken as a split-dose (2-day) regimen. You take the first 6-ounce bottle of SUPREP the evening before your colonoscopy and the second 6-ounce bottle of SUPREP the morning of your colonoscopy, or as otherwise directed by your physician. It is important to drink additional water or preferred clear liquids after finishing prep solution.



- ☐ **Clear liquids** of choice  
(See list of approved clear liquids on page 5- **nothing red/purple**)



## Important Information for Your Upcoming Procedure

- **Find a designated driver.** You'll need a family member or friend (18 and older) to come with you to your colonoscopy and drive you home. You may not go home alone, by taxi, or bus.
- **If you have an artificial heart valve, pacemaker, internal defibrillator, or a diagnosis of A-FIB,** please consult your cardiologist and our clinical team. A clearance may be required.
- **Have you had a joint replacement within the past 6 months?** Please consult with your surgeon regarding specific instructions.
- **Are you on blood thinners?** If you are taking any anticoagulants, call the doctor who prescribed the medication to get instructions on what to do prior to colonoscopy. **Don't stop taking blood thinners without talking to your doctor.** Please refer to the 7th page of this packet for greater detail.
- **Do you have diabetes or kidney disease?** If you are diabetic or have a history of kidney disease please notify our office, a different prep maybe recommended. These alternative preps include: Clenpiq, Suprep, or Nulytely. Please call (970)363-5376

## Tips for Your Bowel Preparation

- **To improve the taste of the bowel preparation, try:**
  - Chilling it before drinking
  - Using a straw
  - Licking a lemon or lime wedge between sips
- **Common symptoms you may experience**, that should decrease over the course of the bowel preparation: bloating, cramping, nausea or vomiting. If you do develop nausea or vomiting, this is normal, take about an hour break from drinking the solution before resuming.
- **To help avoid dehydration**, drink at least 64oz of clear liquids before starting bowel prep.
- **To help decrease perianal irritation**, consider using wet wipes and barrier cream (e.g., A&D, Desitin, or Vaseline)
- **Stay HYDRATED** during your prep. Continue the clear liquids throughout the day in addition to what you drink with your bowel prep medication to prevent dehydration. We recommend drinking 64oz of clear liquids before starting bowel prep.
- **Avoid drinking prep too quickly.** Follow instructions on page 6, if you experience preparation-related symptoms (for example, nausea, bloating, or cramping), pause or slow the rate of drinking the additional water until your symptoms diminish.

### WHAT TO EXPECT






- You will develop significant diarrhea after drinking the preparation. Plan to be near a bathroom. This is normal as it means the medication is working to clear stool from your colon.
- Most people feel mild bloating and mild abdominal cramps. This is normal.
- A successful colon prep will cause you to have clear yellow (“tea-colored”) liquid stools.
- Please finish your preparation regardless of stool color

## Four Days Before Colonoscopy

(Example: If your procedure is scheduled for a Thursday. Then you will begin your prep on Sunday and continue through Monday, Tuesday and Wednesday. Wednesday you would begin your clear liquid diet.)

- **Follow a low fiber diet-** Eat only low-fiber foods, listed below. Continue eating the low fiber diet until you begin the clear liquid diet one day before your colonoscopy.

TYPE OF FOOD OR DRINK	YES — OK to EAT THESE FOODS	NO — AVOID THESE FOODS
<b>Milk and dairy</b> 	<b>OK to eat:</b> <ul style="list-style-type: none"> <li>• Milk</li> <li>• Cream</li> <li>• Hot chocolate</li> <li>• Buttermilk</li> <li>• Cream cheese</li> <li>• Yogurt</li> <li>• Sour cream</li> </ul>	<b>NO yogurt mixed with:</b> <ul style="list-style-type: none"> <li>• nuts, seeds, granola</li> <li>• fruit with skin or seeds (such as berries)</li> <li>• Cheese, limit milk products to 2 cups per day</li> </ul>

TYPE OF FOOD OR DRINK	YES — OK to EAT THESE FOODS	NO — AVOID THESE FOODS
<b>Bread and grains</b> 	<b>OK to eat:</b> <ul style="list-style-type: none"> <li>• Breads and grains made with refined white flour (including rolls, muffins, bagels, pasta)</li> <li>• White rice</li> <li>• Plain crackers, such as Saltines</li> <li>• Low-fiber cereal (including puffed rice, cream of wheat, corn flakes)</li> </ul>	<b>NO whole grains or high-fiber:</b> <ul style="list-style-type: none"> <li>• Brown or wild rice</li> <li>• Whole grain bread, rolls, pasta, or crackers</li> <li>• Whole grain or high-fiber cereal (including granola, raisin bran, oatmeal)</li> <li>• Bread or cereal with nuts or seeds</li> </ul>
<b>Meat</b> 	<b>OK to eat:</b> <ul style="list-style-type: none"> <li>• Chicken</li> <li>• Turkey</li> <li>• Lamb</li> <li>• Lean pork</li> <li>• Veal</li> <li>• Fish and seafood</li> <li>• Eggs</li> <li>• Tofu</li> </ul>	<b>NO tough meat with gristle</b>
<b>Nuts, nut butter, seeds</b> 	<b>OK to eat:</b> <ul style="list-style-type: none"> <li>• Creamy (smooth) peanut or almond butter</li> </ul>	<b>NO nuts or seeds:</b> <ul style="list-style-type: none"> <li>• Nuts including peanuts, almonds, walnuts</li> <li>• Chunky nut butter</li> <li>• Seeds such as fennel, sesame, pumpkin, sunflower</li> </ul>
<b>Fats and oils</b> 	<b>OK to eat:</b> <ul style="list-style-type: none"> <li>• Butter</li> <li>• Margarine</li> <li>• Vegetable and other oils</li> <li>• Mayonnaise</li> <li>• Salad dressings made without seeds or nuts</li> </ul>	<b>NO salad dressing made with seeds or nuts</b>
<b>Soups</b> 	<b>OK to eat:</b> <ul style="list-style-type: none"> <li>• Broth, bouillon, consomme, and strained soups</li> <li>• Milk or cream-based soup, strained</li> </ul>	<b>No:</b> <ul style="list-style-type: none"> <li>• Unstrained soups</li> <li>• Chili</li> <li>• Lentil soup</li> <li>• Dried bean soup</li> <li>• Corn soup</li> <li>• Pea soup</li> </ul>



TYPE OF FOOD OR DRINK	YES — OK to EAT THESE FOODS	NO — AVOID THESE FOODS
<b>Legumes</b> 	<p>None allowed</p>	<p><b>NO:</b></p> <ul style="list-style-type: none"> <li>• Dried peas (including split or black-eyed)</li> <li>• Dried beans (including kidney, pinto, garbanzo/chickpea)</li> <li>• Lentils</li> <li>• Any other legume</li> </ul>
<b>Fruits</b> 	<p><b>OK to eat:</b></p> <ul style="list-style-type: none"> <li>• Fruit juice without pulp</li> <li>• Applesauce</li> <li>• Ripe cantaloupe and honeydew</li> <li>• Ripe, peeled apricots and peaches</li> <li>• Canned or cooked fruit without seeds or skin</li> </ul>	<p><b>NO seeds, skin, membranes; or dried fruit:</b></p> <ul style="list-style-type: none"> <li>• Raw fruit with seeds, skin, or membranes (includes berries, pine apple, apples, oranges, watermelon)</li> <li>• Any cooked or canned fruit with seeds or skin</li> <li>• Raisins or other dried fruit</li> </ul>
<b>Vegetables</b> 	<p><b>OK for some if cooked or canned:</b></p> <ul style="list-style-type: none"> <li>• Canned or cooked vegetables without skin or peel (includes peeled carrots, mushrooms, turnips, asparagus tips)</li> <li>• Potatoes without skin</li> <li>• Cucumbers without seeds or peel</li> </ul>	<p><b>NO raw, skin, seeds, peel; or certain other vegetables:</b></p> <ul style="list-style-type: none"> <li>• Corn</li> <li>• Potatoes with skin</li> <li>• Tomatoes</li> <li>• Cucumbers with seeds and peel</li> <li>• Cooked cabbage or Brussels sprouts</li> <li>• Green peas</li> <li>• Summer and winter squash</li> <li>• Lima beans</li> <li>• Onions</li> </ul>
<b>Drinks or beverages</b> 	<p><b>OK to eat:</b></p> <ul style="list-style-type: none"> <li>• Coffee</li> <li>• Tea</li> <li>• Hot chocolate or cocoa</li> <li>• Clear fruit drinks (no pulp)</li> <li>• Soda and other carbonated beverages</li> <li>• Ensure, Boost, or Enlive without added fiber</li> </ul>	<p><b>NO:</b></p> <ul style="list-style-type: none"> <li>• Fruit or vegetable juice with pulp</li> <li>• Beverages with red or purple dye</li> </ul>
<b>Other</b> 	<p><b>OK to eat:</b></p> <ul style="list-style-type: none"> <li>• Sugar</li> <li>• Salt</li> <li>• Jelly</li> <li>• Honey</li> <li>• Syrup</li> <li>• Lemon juice</li> </ul>	<p><b>NO:</b></p> <ul style="list-style-type: none"> <li>• Coconut</li> <li>• Popcorn</li> <li>• Jam</li> <li>• Marmalade</li> <li>• Relishes</li> <li>• Pickles</li> <li>• Olives</li> <li>• Stone-ground mustard</li> </ul>

TYPE OF FOOD OR DRINK	YES — OK to EAT THESE FOODS	NO — AVOID THESE FOODS
<b>Desserts</b> 	<b>OK to eat:</b> <ul style="list-style-type: none"> <li>• Custard</li> <li>• Plain pudding</li> <li>• Ice cream</li> <li>• Sherbet or sorbet</li> <li>• Jell-O or gelatin without added fruit or red or purple dye</li> <li>• Cookies or cake made with white flour, prepared without seeds, dried fruit, or nuts</li> </ul>	<b>NO:</b> <ul style="list-style-type: none"> <li>• Coconut</li> <li>• Anything with seeds or nuts</li> <li>• Anything with added red or purple dye</li> <li>• Cookies or cakes made with whole grain flour, seeds, dried fruit, or nuts</li> </ul>

## One Day PRIOR to Colonoscopy

(Example: If your procedure is on a Thursday, you would start this step on Wednesday)

- You may have a light breakfast the day before procedure (before 10:00am) - see below for an example.
  - Breakfast Example:
    - Eggs
    - White toast, butter
    - Apple juice
    - Tea or coffee. You may add cream, non-fat milk or soymilk only.
    - Yogurt, plain or vanilla
  - **Start Clear Liquid Diet-** Clear liquids after **10:00AM** on the day before the procedure.
    - **Clear liquids ONLY.** Clear liquids may be taken up to 3 hours before your procedure

## EXAMPLES OF CLEAR LIQUIDS ARE AS FOLLOWS:

CLEAR LIQUIDS AND LIMITED LIGHT-COLOR DRINKS ONLY	YES — OK TO DRINK	NO — AVOID THESE
	<ul style="list-style-type: none"> <li>• Water</li> <li>• Tea and black coffee without any milk, cream, or lightener</li> <li>• Flavored water without red or purple dye</li> <li>• Clear, light colored juices such as apple, white grape, lemonade with out pulp, and white cranberry</li> <li>• Clear broth including chicken, beef, or vegetable</li> <li>• Soda</li> <li>• Sports drinks such as Gatorade and Propel (light colors only)</li> <li>• Popsicles without fruit or cream; no red or purple dye</li> <li>• Jello-O or other gelatin without fruit; no red or purple dye</li> </ul>	<ul style="list-style-type: none"> <li>• Alcoholic beverages</li> <li>• Milk</li> <li>• Smoothies</li> <li>• Milkshakes</li> <li>• Cream</li> <li>• Orange juice</li> <li>• Grapefruit juice</li> <li>• Tomato juice</li> <li>• Soup (other than clear broth)</li> <li>• Cooked cereal</li> <li>• Juice, Popsicles, or gelatins with red or purple dye</li> </ul>

**One Day PRIOR Continued** Today you should also **TAKE THE COLON PREP MEDICATION**. Please follow the instructions below. SUPREP Bowel Prep Kit is taken as a split-dose (2-day) regimen. You take the first 6-ounce bottle of SUPREP the evening before your colonoscopy and the second 6-ounce bottle of SUPREP the morning of your colonoscopy, or as otherwise directed by your physician. It is important to drink additional water or preferred clear liquids after finishing prep solution.

## PREPARING YOUR BOWEL PREP

### 1. 6:00PM, Evening Before Colonoscopy

(Example: If your colonoscopy is on Thursday, you will do this step on Wednesday)

- **Step 1:** Pour **ONE** (1) 6-ounce bottle of SUPREP liquid into the mixing container.



- **Step 2:** Add cool drinking water to the 16-ounce line on the container and mix.

**Note:** Be sure to dilute SUPREP as shown before you drink it.



- **Step 3:** Drink **ALL** the liquid in the container.



- **Step 4:** You **must** drink two (2) more 16-ounce containers of water over the next 1 hour.

**Note:** You **must** finish drinking the final glass of water at least 2 hours, or as directed, before your procedure.



## Morning of Colonoscopy

Four (4) hours before your colonoscopy, complete the second SUPREP solution.

- Repeat step 1 through 4 from last night using the other 6-ounce bottle.
- Heart, blood pressure or seizure medication may be taken as usual early the morning of your procedure with small sips of water. (Please refer to next page for greater detail.)

2. **THREE HOURS before your procedure – STOP DRINKING ALL CLEAR LIQUIDS AND MEDICATIONS.** This means that you should not have anything to eat or drink 3 hours before your colonoscopy and onward



**NO FOOD or DRINK three  
hours before procedure**

## Medication Guidelines

**It is your responsibility to discuss management of ANY medications listed below, at least 2 weeks prior to procedure with the prescribing physician.**

APAs (antiplatelets agents)	
Medication	
Aspirin	Do not need to stop
Clopidogrel (Plavix)	Stop 3 days prior to procedure.

ANTICOAGULANTS	
Medication	
Warfarin (Coumadin)	Stop 5 days prior to procedure.
Rivaroxaban (Xarelto)	Stop 3 days prior to procedure.
Apixaban (Eliquis)	Stop 3 days prior to procedure.
Dabigatran (Pradaxa)	Stop 3 days prior to procedure.
Enoxaparin (Lovenox) dalteparin	Stop 24 hours prior to procedure.
Prasugrel (Effient)	Stop 7 days prior to procedure.

Medications Not Allowed/Hold	
ACE INHIBITORS (if taking twice daily, may take AM dose day before)	DIURETICS
Altace (ramipril)	Avalide (irbesartan/hctz)
Avapro (irbesartan)	Bumex (bumetanide)
Benazepril (Lotensin)	Chlorthalidone (Thalitone)
Enalapril (Vasotec)	Dyazide (Triamterene/hctz)
Hyzaar (Hctz/losartan)	HCTZ (hydrochlorothiazide)
Lisinopril (Prinivil, Zestril)	Hyzaar (Hctz/Losartan)
Micardis (telmisartan)	Lasix (furosemide)

Medication Allowed	
BETA BLOCKERS	CALCIUM CHANNEL BLOCKERS
Atenolol (Tenormin)	Amlodipine (Norvasc)
Bystolic (nebivolol)	Bystolic (nebivolol)
Coreg (carvedilol)	Felodipine
Labetalol	Lotrel (amlodipine, Benazeprilat)
Metoprolol (Lopressor, Toprol-XL)	Nifedipine (Adalat, Procardia)
Propranolol (Inderal, Inderal LA)	Verapamil (Calan, Isoptin, Verelan, Covera)
Ziac (Bisoprolol/HCTZ)	
ANTIARRHYTHMICS	Angiotensin II Receptor Antagonist
Amiodarone (Cordarone)	Atacand (candesartan)
Flecainide (Tambocor)	Cozaar (losartan)
Multaq (dronedarone)	Diovan (Valsartan)
Sotalol	Micardis HCT (Telmisartan-hctz)



Medication Allowed
NSAIDS
Ibuprofen
Naproxen
Medication Allowed- if scheduled for EGD
Meds for GERD
Prilosec
Nexium
Zantac
Ascor
Aciphex

MISC
Medication
Metformin (Hold the morning of the procedure.)
Supplements (Hold until after procedure.)

If taking medication day of procedure, it can be taken two hours prior to procedure with **small sips of water**.

## Cancellation Policy

If for any reason you need to cancel or reschedule your appointment, please contact our scheduling team at (970)363-5431, **5 days** prior to your scheduled procedure to avoid a No-Show Cancellation Fee of \$100.

If the bowel is not clean when you arrive to the procedure's unit, rather than giving you an incomplete and poor examination, your procedure will need to be rescheduled.

Thank you for your understanding.

## COVID-19 Requirements

All patients scheduled for a procedure or surgery will be screened for symptoms of COVID-19. Patients must be free of COVID-19 symptoms on the day of their scheduled surgery or procedure. COVID-19 testing is not required for surgeries or procedures. Patients experiencing ANY variation of baseline, must be free of new/changed symptom for a minimum of 10 days or undergo testing for COVID-19.

We ask that you please call our office if you are experiencing any of the following:

- Any COVID-19 related symptoms within 10 days of your scheduled procedure.
- Awaiting a COVID-19 test result within 10 days of your scheduled procedure.
- Have been hospitalized with COVID-19 within 6 weeks of your scheduled procedure date.

Additionally, all ride/caregivers entering the surgery center must also be free of symptoms of COVID-19, have no positive tests in the previous 10 days and may not have a test pending. All patients will be contacted by the VVSC Pre-Surgical Planning team no earlier than 3 business days prior to their procedure. All patients will be asked about recent COVID-19 test on the day of their scheduled surgery.

## Procedure Results

Results from your procedure(s) will be communicated via Colorado Mountain Medical's Patient Portal (Please note: This is **NOT** the same application as the One Medical Passport through the Vail Valley Surgery Center). If you do not have an account, please set this up by visiting the following link: <https://www.cmmhealth.org/patient-resources/patient-portal>

1. Click the button that says, "GO TO PORTAL" and you will be redirected to the portal website.
2. Then, click "I need to sign up" this will take you through the account set up. **An access code will be required, this will be the year of your birth. Ex: 1970**

If you have questions or need additional support with CMMs Patient Portal, please contact:

### TECHNICAL SUPPORT

**Support Hotline:** (888) 670-9775

**Email:** [support@followmyhealth.com](mailto:support@followmyhealth.com)

**Knowledge Base:** <http://support.followmyhealth.com>

**Hours of Service:** Monday – Friday, 8 AM – 8 PM EST.

## Important Information Regarding Insurance Benefits

As a courtesy we will call your insurance to verify your potential benefits and to obtain authorization for your upcoming procedure, if needed. Please keep in mind that benefits are not a guarantee of coverage and colonoscopy type can change during the procedure. We cannot change or remove diagnosis codes to get procedures covered under your preventive benefits. We code and bill services based on documentation from your medical record.

There are three types of colonoscopies (Insurance companies may differ in how each procedure is paid):

### Preventative/ Average Risk Colonoscopy Screening:

Colorectal cancer screening is recommended at age 45. A colonoscopy is considered screening if you are 45 years old or older; you have not had a colonoscopy within the last 10 years; do not have any gastrointestinal symptoms; or do not have any history of gastrointestinal disease, colon polyps, and /or colon cancer. **Some insurance plans will not cover a screening colonoscopy before the age of 50. If under 50, we recommend contacting your insurance for guidelines. All authorizations and payments of benefits are subject to terms, conditions, limitations, and exclusions of the member's contract at time of service.**

### Surveillance/ High Risk Colonoscopy Screening:

Patients with a personal history of colon polyps and/or colon cancer, family history of colon polyps and/or colon cancer, personal history of Crohn's Disease, or Ulcerative colitis fall under this category. You may need to repeat a colonoscopy every 2-5 years for surveillance purposes. This type of procedure may be reimbursed by some insurance carriers, or it may go towards your deductible.

### Diagnostic Colonoscopy:

Patients undergoing a diagnostic colonoscopy have current gastrointestinal symptoms and your referring provider has ordered this procedure as it may help determine any causes for your symptoms. It is considered a medical procedure and will be applicable to your deductible/ coinsurance.

**EGDs:** This is a diagnostic procedure and will potentially be applicable to your deductible/copay.

**Cost Estimate:**

If you would like to get an estimate of possible costs, you may call the numbers below:

- Professional Charges:
  - Colorado Mountain Medical: 970-363-5431
- Facility Charges:
  - Edwards Surgery Center: 970-569-7400
- Anesthesia:
  - Anesthesia Partners of Colorado: 970-315-3858
- Pathology Charges:
  - Paramount pathology Services 970-945-7564
  - Valley View Hospital Patient insurance verification: 970-384-6888

**Please Note:**

A good bowel prep is essential for an accurate and successful procedure. Following instructions closely will help maximize the ease, safety and success of your preparation. If an incomplete, or poor, bowel prep occurs your doctor may request to repeat your procedure. **Your insurance most likely won't cover a second procedure.**

**If you have any questions regarding scheduling, please call our schedulers at (970)363-5431.**

**Any questions regarding prep, you can reach our clinical staff at (970) 363-5376.**



**VAIL VALLEY SURGERY CENTER  
EDWARDS**

320 Beard Creek Road Edwards,  
CO 81632 970-569-7400



## Online Patient History Instructions

Welcome to the Vail Valley Surgery Center Edwards. We're very pleased that you and your physician have chosen us to care for you. Our center requests that you fill out your medical history online with One Medical Passport **as soon as your procedure has been scheduled**. Once you do this, our Pre-Anesthesia Testing nurse will be able to access the information you entered and help prepare you for your procedure.

Be sure to have the following information available before starting your Medical Passport:

- Your health insurance information.
- The names, addresses and phone numbers of your physicians.
- A list of all medications you are taking, their dosage and frequency.
- A list of surgical procedures you have ever had and their approximate dates.

To begin your online Medical Passport,

- 1) Go to our website: <http://vailvalleysurgerycenter.com>
- 2) Select the "Patients Resources" link on our home page
- 3) Select the "Online Check-In" link
- 4) Select the "One Medical Passport-Edwards" link
- 5) Select "Register" highlighted in green. Complete the registration and medical history screens, select Finish to submit your Medical Passport to our facility. If you need help with this process, please use the Help link on the left side of the screens.

**Patients can expect a phone call from a Pre-op nurse the day prior to the procedure to go over any pertinent information.**

***If you are not able to complete your history online, please note that you will be required to complete paperwork at registration.***

### **How to return to One Medical Passport**

If you have already registered you may go directly to [www.onemedicalpassport.com](http://www.onemedicalpassport.com)

In the lower left corner of the screen ("Already Have a Medical Passport?"), enter the username and password you created when you registered and click 'go'. Select the 'Medical Facility and Physician' option and click 'Next'. Select the State and Medical facility. Your previous medical history will populate the form. If you do not see the option you are looking for, or are having problems, please click the Help link on the left.

#### **About One Medical Passport**

Completing a One Medical Passport medical history online is easy. For most patients, filling out the entire questionnaire takes less than 30 minutes. Please fill out the questionnaire accurately, and be assured that all of your information is kept confidential and will be thoroughly reviewed by your medical team. At any time, you can quit filling out the questionnaire and come back and complete the unfinished portion at a more convenient time.

One Medical Passport is a website that allows you to enter your information at any time from anywhere. You can also print out a copy of your medical history after you create it online and keep it with you or with your other health care documents, as well as have access to it online anytime you need it or want to update it





## CONDITIONS OF ADMISSION TO VAIL VALLEY SURGERY CENTER EDWARDS (THE "SURGERY CENTER")

**CONSENT TO MEDICAL, SURGICAL PROCEDURES:** I request and consent to the medical care and diagnostic procedures that my attending physician, surgeon or his/her designee, determines are necessary, including but not limited to, emergency treatment or services, laboratory procedures, x-ray examination, medical or surgical treatment, anesthesia, transfusion, physical therapy, rehabilitation services. I acknowledge that the medical care I receive while in the Surgery Center is under the direction of my attending physician(s) and the Surgery Center is not responsible for acts or omissions of my attending physician(s) or surgeon(s).

**UNBORN CHILD COVERAGE:** If pregnant, the above consent for treatment, releases, assignments, and guarantor agreement apply to my newborn child if born at this Surgery Center during this period of treatment.

**GENERAL NURSING CARE:** I acknowledge that the Surgery Center provides only general nursing care. If I need special or private nursing, I have been advised it must be arranged by me or my physician.

**MONEY AND VALUABLES:** I have been informed and understand that the Surgery Center does not assume any responsibility for any money, valuables or other personal property that I choose to keep with me.

**VIDEO CONSENT:** I consent and authorize my physician or surgeon to film or video tape my surgical procedure(s). I understand the purpose is to "provide a visual record of portions of my surgery and a method for my surgeon to review with me what was done while I was under anesthesia." I also consent to the use of said video for research and/or testing purposes.

**DISCLOSURE OF INFORMATION:** The undersigned agrees that records concerning their medical services at the Surgery Center will remain the property of the Surgery Center. The undersigned understands that medical records and billing information generated or maintained by the Surgery Center are accessible to Surgery Center personnel and medical staff. Surgery Center personnel and medical staff may use and disclose medical information for treatment, payment and health care operations and to any other physician, healthcare personnel or provider that is or may be involved in the continuum of care for this admission. The Surgery Center is authorized to disclose all or part of the patient's medical record to any insurance company, third party payor, workers compensation carrier, self-insured employer group or other entity (or their authorized representatives) which are necessary for payment of the patient's account. The undersigned understands that the authorization for release may include records, which may indicate the presence of a communicable, or venereal disease, which include, but is not limited to, disease such as hepatitis, syphilis, gonorrhea and the human immunodeficiency virus, also known as Acquired Immune Deficiency Symptoms (AIDS).

**PAYMENT FOR MEDICAL CARE:** I agree that in consideration for the medical care I receive from the Surgery Center, its employees, agents, designees, or independent contractors, I guarantee and promise full payment for all charges by the Surgery Center or by other providers of medical care, for such care, subject only to restrictions imposed by the Medicare or State Medicaid Programs, or by any third party payor (for example, an insurance carrier or health maintenance organization (HMO) with which the Surgery Center has specifically entered into an agreement for payment of medical care provided by the Surgery Center or by its employees, agents, designees or independent contractors). The undersigned agrees to be financially responsible for any services deemed non-covered by insurance or elected by the patient. Should the account be referred to any attorney or collection agency for collection, the undersigned shall pay all actual attorneys' fees and collection expenses. All delinquent accounts may bear the highest interest rate permitted by law.

**ASSIGNMENT OF BENEFITS:** I hereby authorize and assign payment to the Surgery Center of any type of reimbursement or payment from Medicare or State Medicaid programs or other third party payor, for any and all cost of my medical care provided at the Surgery Center or by its agents, designees, or independent medical contractors. Further, I understand that Anesthesiology, Physician Services, Pathology and some Laboratory Services may bill me separately and I assign my insurance benefits to them if their services are rendered during my treatment. I also authorize them to release my medical information needed by my insurance carrier to process the claim. I understand that Precertification for my insurance is a patient responsibility. I assume all responsibility for notifying my insurance company and obtaining approval.

I have been informed that my physician or surgeon may be a partner in ownership of the Surgery Center and that I have the right to review a list of partners. The physicians, surgeons and allied health professionals (AHPs) practicing at the Surgery Center are licensed and/or credentialed to practice at the Surgery Center. The physicians, surgeons and AHPs provide medical services at the Surgery Center but are not agents or employees of the Surgery Center.

The undersigned certifies that he/she has read the foregoing, received a copy thereof, and is the patient, the patient's legal representative, or is duly authorized by the patient as the patient's general agent to execute this document and accept and agree to its terms.

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Signature of Patient, Parent, Legal Guardian, Representative	Date/Time	Please Print Name of Patient, Parent, Guardian
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Signature of Guarantor	Relationship to Patient	Date/Time	Please Print Name of Guarantor
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Signature of Witness	Date/Time	Please Print Name of Witness
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**VAIL VALLEY SURGERY CENTER EDWARDS**

## **WAIVER OF ADVANCE DIRECTIVE**

I, \_\_\_\_\_, hereby voluntarily waive any Advance Directive prohibiting resuscitation efforts that I may have signed or that my representative may have provided to Vail Valley Surgery Center, its physicians, employees or other affiliates, for the limited purpose of procedures performed on \_\_\_\_\_ [DATE] at Vail Valley Surgery Center.

I understand that by this waiver I am authorizing Vail Valley Surgery Center, its physicians and personnel to initiate resuscitative or other stabilizing measures and transfer me to an acute care hospital for further evaluation, as needed.

I further understand that I am not obligated to sign this Waiver of Advance Directive and am free to seek medical care at another facility.

The undersigned certifies that he/she is the patient, the patient's legal representative, or is duly authorized by the patient's general agent to execute this document and accept and agree to its terms.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient/Parent/Guardian/Conservator/Agent

\_\_\_\_\_  
Time

\_\_\_\_\_  
If other than patient, indicate relationship

\_\_\_\_\_  
Witness



VAIL VALLEY SURGERY CENTER EDWARDS

Patient Acknowledgements

- I understand that it is the patient's responsibility to check with his/her health insurance company regarding plan benefits. Any estimated co-payments, deductibles, or co-insurance will be requested at time of service. Please contact your employer or your insurer directly if you have any questions about your insurance coverage.
- I understand that if I do not have insurance I will be considered self-pay and that payment of the estimated charges, less any applicable self-pay discounts, will be required at time of service.
- I understand that the Vail Valley Surgery Center does not accept international insurance. Payment of the estimated charges will be required at time of service. It is the patient's responsibility to submit the claim to the insurance for reimbursement.
- I understand that any amounts quoted are only an **estimate**. We are legally bound to charge based on the final operative note, which may result in additional charges. The estimate is provided as a courtesy only.
- GI patients understand that insurance benefits and charges may differ if the visit changes from a routine exam to a medical procedure and that this may occur during the course of the procedure.
- I understand that the estimate provided from the Vail Valley Surgery Center is for the facility fee **only**.
- In addition to the Surgery Center here is a list of other parties who may bill you (please note that this list may not be all inclusive):
  - Physicians Office*
  - Anesthesia*
  - Pathology*
  - Lab/Imaging*
  - Physical Therapy*
  - Rehabilitation Equipment*
- I acknowledge that I received the following documents:
  - Notice of Patient Rights & Responsibilities, including the address for complaint submission*
  - A list of investors*
  - Information regarding Advance Directives*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient/Parent/Guardian/Conservator/Agent

\_\_\_\_\_  
Time

\_\_\_\_\_  
Indicate Relationship



**VAIL VALLEY SURGERY CENTER  
VAIL**



**VAIL VALLEY SURGERY CENTER  
EDWARDS**

## Appendix A: Surprise Billing Disclosure

### **Surprise Billing -- Know Your Rights**

Beginning January 1, 2020, Colorado state law protects you\* from “surprise billing,” also known as “balance billing.” These protections apply when:

- You receive covered emergency services, other than ambulance services, from an out-of-network provider in Colorado, and/or
- You unintentionally receive covered services from an out-of-network provider at an in-network facility in Colorado.\*

### **What is surprise/balance billing, and when does it happen?**

If you are seen by a provider or use services in a facility or agency that is **not** in your health insurance plan’s provider network, sometimes referred to as “out-of-network,” you may receive a bill for additional costs associated with that care. Out-of-network facilities or agencies often bill you the difference between what your insurer decides is the eligible charge and what the out-of-network provider bills as the total charge. This is called “surprise” or “balance” billing.

### **When you CANNOT be balance-billed:**

#### **Emergency Services**

If you are receiving emergency services, the most you can be billed is your plan’s in-network cost-sharing amounts, which are copayments, deductibles, and /or coinsurance. You cannot be billed for any other amount. This includes both the facility where you receive emergency services and any providers that see you for emergency services.

Please note that not every service provided in an emergency department is an emergency service.

### **Non-Emergency Services at an In-Network Facility by an Out-of-Network Provider**

The facility or agency must tell you if you are at an out-of-network location or at an in-network location that is using out of network providers. They must also tell you what types of services that you will be using may be provided by an out-of-network provider.

**You have the right** to request that in-network providers perform all covered medical services. However, you may have to receive medical services from an out-of-network provider if an in-network provider is not available. In this case, the most you can be billed for **covered** services is your in-network cost-sharing amount which are copayments, deductibles, and/or coinsurance. These providers cannot balance bill you for additional costs.

### **Additional Protections**

- Your insurer will pay out-of-network providers and facilities directly.
- Your insurer must count any amount you pay for emergency services or certain out-of-network services (described above) toward your in-network deductible and out-of-pocket limit.
- Your provider, facility, hospital, or agency must refund any amount you overpay within 60 days of being notified.
- No one, including a provider, hospital, or insurer, can ask you to limit or give up these rights.

***If you receive services from an out-of-network provider or facility or agency in any OTHER situation, you may still be balance billed, or you may be responsible for the entire bill. If you***



***intentionally receive non-emergency services from an out-of-network provider or facility, you may also be balance billed.***

If you think you have received a bill for amounts other than your copayments, deductible, and/or coinsurance, please contact the billing department, or the Colorado Division of Insurance at 303-894-7490 or 1-800-930-3745.

\* This law does NOT apply to ALL Colorado health plans. It only applies if:

- You have a “**CO-DOI**” on your health insurance ID card, and
- You are receiving care and services provided at a regulated facility in the state of Colorado.

Please contact your health insurance plan at the number on your health insurance ID card or the Colorado Division of Insurance with questions.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient/Parent/Guardian/Conservator/Agent

\_\_\_\_\_  
Time

\_\_\_\_\_  
If other than patient, indicate relationship