

GASTRO  
HEALTH



45B Discovery Way, Acton MA 01720  
Phone: 978-429-2010 • Fax: 978-264-1936

MIDDLESEX  
DIGESTIVE  
& HEALTH  
ENDOSCOPY CENTER

45A Discovery Way, Acton MA 01720  
Phone: 978-429-2000 • Fax: 978-264-1935

Dear Patient,

**If you are a new patient, you have received this paperwork in order to set up a procedure.**

**If you are an existing patient and have received this packet, you are due for a follow-up procedure.**

*\*\*\*Please complete the enclosed patient information forms. Return these forms AND a copy of your ID and insurance card (front and back) to the office as soon as possible.\*\*\**

**PLEASE ALSO BRING YOUR INSURANCE CARD AND A VALID ID WITH YOU ON THE DAY OF YOUR PROCEDURE.**

If your insurance requires a referral, please contact your primary care physician to obtain one. You may have a deductible, coinsurance, or copay for your procedure. Please contact your insurance company to review the coverage and costs of your procedure so you are aware of any potential additional expenses. Final determination of patient responsibility is determined when the claim is processed.

For procedures, there is a facility fee, professional fee, a possible pathology fee which would be from Gastro Health, Greater Boston GI/Atrius Health, and an anesthesia fee from Greater Boston Anesthesia.

**Please call if you have the following conditions (these may require additional instructions for safety):**

- **Take an anticoagulant** (coumadin/warfarin/Eliquis/Xarelto/Brillenta), Plavix or Aspirin 325mg
- Had any recent cardiology concerns and/or cardiac surgery, cardiac stent placement within the last 12 months or a cardiac valve replacement ever and require antibiotics prior to medical procedures
- Have medication-dependent diabetes
- Have a history of long QT syndrome, allergy to Zofran, or if you are taking Apokyn (contraindicated with Zofran)
- Have had a recent cold, cough, congestion or diagnosed with Covid-19 within the last 10 days.

**\*\*\*Valuables are not the responsibility of the Center\*\*\***

Patients are encouraged to leave all valuables at home to avoid the possibility of loss or theft. Valuables including jewelry, money, cell phones, computers, dentures, hearing aides, etc.

**\*Cancellation Policy\*:** A 72-hour advanced notice is needed for cancellations. If you neglect to give 72-hour notice, a **\$150 fee** will be charged to cover administrative costs. After 2 missed appointments you will not be rescheduled.

**Please arrange a ride home.** Due to the effects of anesthesia, you cannot drive yourself home and cannot take a taxi, Uber/Lyft, etc. unless accompanied by a responsible adult. Your ride should be available at all times.

**Location:** Middlesex Endoscopy Center, 45A Discovery Way Acton, MA 01720 Phone: 978-429-2000

If your procedure is booked at Emerson Hospital, please pre-register there at 978-287-3062.

Please visit our website [www.middlesexdigestive.com](http://www.middlesexdigestive.com) for more information, as well as directions our facility.

**\*\*\*PLEASE READ ENTIRE PACKET AT LEAST ONE WEEK PRIOR TO YOUR APPOINTMENT\*\*\***