



**NORTH TEXAS GASTROINTESTINAL ASSOCIATES**

**2501 SCRIPTURE STE #201**

**DENTON, TX 76201**

**940-566-4720**

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

FRUCTOSE

PATIENT NAME: \_\_\_\_\_ Date of Test: \_\_\_\_\_

**Drink 12oz of Coke at:** \_\_\_\_\_

Appointment Time: \_\_\_\_\_

Time Coke was consumed: \_\_\_\_\_

**PLEASE READ THE FOLLOWING DIRECTIONS CAREFULLY. IF YOU HAVE ANY QUESTIONS PLEASE CONTACT OUR OFFICE AT 940-566-4720.**

The morning of your test you will be drinking 12 oz of **Coke or other sugary, carbonated drink** 3 hours before your test. It has to be carbonated or we will receive an inaccurate reading of the test. Please bring this form with you to your appointment with the time that you consumed the Coke. There must be 3 hours between the time it was consumed and the time we test so please do not write down an inaccurate time.

- Do not eat slow digesting foods like beans, bran or other high fiber cereals the day before the testing.
- Fast after midnight, no food and only water to drink before the test. You may brush your teeth the day of the test but spit out the toothpaste.
- You should not smoke, sleep or exercise vigorously for at least ½ hour before the test.
- You should be off antibiotics at least 10 days before testing.
- Take 12 oz of Coke or other sugary carbonated drink 3 hours before the test.
- **DO NOT CONSUME ANY DIET COKE OR DIET DRINKS**

# Patient Billing Information

For your convenience we do accept Visa, MasterCard, American Express, Discover, personal checks and cash. We do collect the payment for this test in full before we bill the insurance company. **You will be responsible for paying \$90 on the day of your test.**

## **Payment prior to services**

Our policy is to collect all known fees when you schedule for a procedure OR additional testing, including deductibles, co-payments and co-insurance, based on estimated charges. If actual charges are higher than estimated, our office will be in contact with you for additional payment. If actual charges are lower than estimated, we will process the appropriate refund and mail a refund check to you.

## **With Insurance**

If you have health insurance, we will bill your insurance carrier shortly after your visit. You should also receive an explanation of benefits (EOB) from your insurance company explaining how they processed your claim. This process is usually complete within 60 days of discharge. Your insurance company may contact you for additional information to process your claim. Please respond as quickly as possible to ensure you receive the maximum benefit from your coverage. After the insurance payment has been received, you will receive a final billing statement from North Texas GI Associates if you have a remaining balance. This may include deductibles, co-insurance, co-payments and any non-covered charges that still remain. If you have questions regarding the way your claim was processed, please contact your insurance company directly. Payment is due upon receipt of the final billing statement.

## **Without Insurance**

We do provide services to patients that do not have insurance coverage. We do require the full payment before your scheduled procedure/test or if you are having an office visit you are required to pay at the time of service.

Please contact our office at (940) 566-4720 if you have any questions regarding billing or your statement.