



NORTH TEXAS GASTROINTESTINAL ASSOCIATES

2501 SCRIPTURE STE #201

DENTON, TX 76201

940-566-4720

www.ntgia.com

LACTOSE

PATIENT NAME: _____ Date of Test: _____

Drink 12oz of whole milk at: _____

Appointment Time: _____

Time milk 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 **WHOLE WHITE MILK** 3 hours before your test. It has to be whole white milk 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 milk. 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 whole white milk 3 hours before the test.

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.