



**Location:**

**North Texas Gastroenterology  
2501 Scripture Ave. Suite 201  
Denton, TX 76201  
(940) 566-4720  
[www.ntgia.com](http://www.ntgia.com)**

**LACTOSE BREATH TEST PATIENT INFORMATION FORM**

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

**Drink 12 ounces of regular white whole milk at: \_\_\_\_\_**

**PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY.  
IF YOU HAVE ANY QUESTIONS CONTACT OUR OFFICE.**

**HOW DO YOU PREPARE FOR A LACTOSE BREATH TEST?**

3 hours before your test, you will drink 12 ounces of whole white milk.

- Fasting after midnight. NO food and No water to drink before the test.
- You should be off antibiotics at least 10 days before the test.
- Do not eat slow digesting foods such as beans, bran, or high fiber cereals the day before the test.
- You may brush your teeth the day of the test, but do not swallow the toothpaste.
- You should not smoke for at least 1 hour before the test.
- You should not exercise vigorously for at least 1 hour before the test.
- You must drink whole white milk, or we will receive an inaccurate reading of the test.

## **Patient Billing Information**

For your convenience we do accept Visa, MasterCard, American Express, Discover, personal checks and cash.

## **Payment prior to services**

Our policy is to collect all known fees when you schedule for a test, including deductibles, co-payments and co-insurance, based on estimated charges. Payment is required in full at the time of service. Your final bill will reflect actual charges for services provided, which may be higher or lower than the estimate provided at scheduling. If actual charges are higher than estimated, our office will be in contact with you for additional payment. If actual changes 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 at the time of service.

If you need to cancel or reschedule your procedure(s) – we ask that you please call our office within 24 hours of your scheduled time/date. If we do not receive proper notice from you, we will bill you a \$25.00 rescheduling fee.

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