Financial Policy: Clinic

Billing Questions:
(336) 714-1262

Thank you for choosing Gastroenterology Associates of the Piedmont, P.A. (GAP) as your gastrointestinal care provider. We value the trust you place in us and want to ensure that you have a clear understanding of our Patient Financial Policy, as payment for services is an important part of our professional relationship. Our goal is to provide every patient with the highest quality medical care while minimizing administrative costs. This policy has been designed to promote understanding, prevent misunderstandings, and ensure timely payment for professional services.

1. **Payment at Time of Service:** Payment is due at the time of your visit and may include copayments, deductibles, coinsurance, or any past-due balances. As part of our agreements with insurance carriers, we are required to collect these amounts when services are provided. This process helps ensure that billing is accurate, transparent, and compliant with both federal and insurance regulations. *If payment is not made at the time of service, your appointment may need to be postponed or rescheduled until appropriate payment arrangements can be made*.

2. **Insurance:** We participate with most major insurance plans, including Medicare. If your insurance plan is not one with which we participate, payment in full is required at the time of service. If you are insured through a participating plan but do not provide a current insurance card or if we are unable to verify your coverage, payment in full will also be required until verification is obtained. **Please remember that understanding your insurance benefits is your responsibility.** We encourage you to contact your insurance company directly with any questions about your coverage, benefits, or plan requirements.

3. **Self-Pay Patients:** Patients without insurance are expected to pay for services at the time of the visit unless prior financial arrangements have been made with our office.

4. **Payment Methods:** We accept cash, checks, Visa, MasterCard, Discover, American Express, Google Pay and Apple Pay. We also have convenient payment plan options and we participate with Care Credit which offers no interest payment plans for qualified individuals. You will receive a statement for any remaining balance, which is due upon receipt. A $25 fee will be assessed for returned checks. For detailed statements, charge disputes, or special payment arrangements, please contact our Billing Office at (**336) 714-1262**.

5. **Delinquent Accounts:** Patients will receive monthly statements for any outstanding balance. If multiple attempts to collect payment are unsuccessful, unpaid balances may be referred to an outside collection agency. If satisfactory payment arrangements are not made, this may affect your ability to schedule future appointments or continue care within our practice.

6. **Refunds and Overpayments:** Patient refunds are issued within 45 days after an overpayment is identified, usually after insurance pays. Overpayments will be refunded by check to the guarantor's address that is on file as of the last visit.

7. **Referrals**: It is the patient's responsibility to ensure that any required referrals are provided to our office prior to the visit. If a referral is not received, the visit may be rescheduled or the patient may be held financially responsible.

A strong physician-patient relationship is built on understanding and clear communication. Our billing office is available at **(336) 714-1262** to answer questions and discuss financial arrangements.