Financial Policy: Ambulatory Surgical Center

Billing Questions:
(336) 714-1262

1. **Estimate:** If we anticipate that you will have out-of-pocket expenses for your procedure, an estimate will be provided through MyChart or by mail approximately one week before your scheduled appointment. Please note that estimates are based on information available at the time they are prepared and do not guarantee final patient responsibility.

2. **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*.

3. **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.

4. **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. The amount due will be indicated on the estimate letter sent to the patient prior to the procedure.

5. **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**.

6. **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.

7. **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.

8. **Colonoscopy:** Your insurance may provide different coverage depending on the category of your procedure. Many insurance companies follow the guidelines for colonoscopy as defined by The U.S. Preventive Services Task Force (USPSTF). A procedure is considered

    a. *"Screening"* if the patient has no symptoms and no personal history of colon polyps.
    b. *"Diagnostic"* if the patient has signs, symptoms, and/or polyp removal.
    c. *"Surveillance"* if the patient has a personal history of colon polyps, colon cancer, or gastrointestinal disease and is being screened at intervals less than every 10 years.
    d. *"Average risk"* if the patient is without symptoms and has no personal history of colon polyps or colon cancer, no family history of colon cancer, and is being screened at 10-year intervals.
    e. *"High risk"* if the patient has a personal history of colon polyps or colon cancer or a family history of colon cancer and is being screened at intervals less than every 10 years.

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9. **Charges** You may receive separate charges related to your procedure, including**:**
    a. Physician Fee **-** The fee for the physician performing your procedure.
    b. Facility Fee **-** The fee for use of the facility, equipment, supplies and medications needed for your procedure.
    c. Pathology Fee **-** If a biopsy is taken or a polyp is removed, you may receive a pathology bill from GAP or Marlboro Chesterfield Pathology. For questions, call GAP at **(336) 714-1262** or Marlboro Chesterfield Pathology at **(910) 687-4189**.
    d. Anesthesia Fee **-** Anesthesia services at GAP are provided by Piedmont Sedation Associates under a fee for service contract. For anesthesia billing questions, call **(888) 717-5383**.
10. **Coding:** The primary CPT procedure codes commonly used for insurance claims are 45378 for colonoscopy and 43235 for upper endoscopy. Your final CPT code may change based on the findings during your procedure.
11. **Out-of-Network:** If our endoscopy centers are out of network with your insurance plan, our physicians may also perform procedures at hospital-based facilities. Hospital-based procedures may result in higher out-of-pocket costs. We encourage you to contact your insurance company to confirm network participation and benefits for your specific plan.
12. **Place of Service:** Procedures performed in our endoscopy centers are billed to insurance as Place of Service 24: Ambulatory Surgical Center/Outpatient.
13. **Information for all Medicare patients:** Medicare generally covers colorectal cancer screening tests as preventive services. However, if a polyp is removed or other findings require additional treatment, Medicare may consider the procedure diagnostic or therapeutic, and coinsurance or copays may apply.

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.