



Referral Agreement

Phone: (336) 448-2427 • Fax: (336) 765-2869
E-mail: outreach@gapgi.com • www.gapgi.com

This agreement is designed to create an understanding between Gastroenterology Associates of the Piedmont, P.A. and its referring clinicians to ensure high-quality and efficient care for our mutual patients.

About Us:

GAP provides compassionate, patient-centered gastroenterology care to the greater Triad area. Together, our providers utilize an evidence-based practice approach to establish their standard of care, quality assurance methods, and educational tools.

We have been awarded recognition by the National Committee for Quality Assurance Patient-Centered Specialty Practice Program. Practices that become recognized have demonstrated commitment to patient-centered care and clinical quality through: streamlined referral processes and care coordination with referring clinicians, timely patient and caregiver-focused care management and continuous clinical quality improvement.



What to Expect from Us:

Access

- Same-day appointment access for emergency referrals
- Same-day to 48-hour appointment access for urgent referrals
- Same-day to one-week access for routine referrals

Service

- Colon cancer screening/prevention and subsequent recall management
- In-house gastroenterological procedures: colonoscopy, endoscopy, capsule endoscopy, flexible sigmoidoscopy, endoscopic ultrasound, hemorrhoid banding, FibroScan liver test, fecal microbiota transplant, Interstim peripheral nerve evaluation therapy
- Comprehensive care for those affected by GI-related issues or conditions such as:
 - Constipation, diarrhea, irritable bowel syndrome, rectal bleeding, diverticulosis, hemorrhoids, fissures, peptic ulcer disease, H. pylori, clostridium-difficile infection, Celiac disease, pancreatitis, gallstones, etc.
 - Esophageal disorders such as GERD, heartburn, esophagitis, Barrett's esophagus, etc.
 - Forms of liver disease such as Cirrhosis, Hepatitis C, and NAFLD (in-house clinic)
 - Inflammatory bowel disease, including Crohn's disease and ulcerative colitis (in-house clinic)
- Management of Orbera gastric balloon weight loss program
- In-house infusion center
- PEG tube care

What We Ask of You:

Access

- Same-day appointment access for emergency referrals
- Same-day to 48-hour appointment access for urgent referrals
- Same-day to one-week access for routine referrals

Service

- Co-management of GERD, IBS, colorectal cancer screenings, diverticulitis, gallbladder disease, celiac disease, anemia, etc.
- Follow-up care for constipation, diarrhea, IBS, etc.
- Follow-up care for any new identified diagnosis not related to gastroenterology
- Evaluation of acute problems (not related to cirrhosis)

Communication Between GAP and Your Practice:

- For Epic users, GAP and the PCP/referring provider will communicate electronically via the Epic referral regarding appointment details. If the PCP/referring provider is not an Epic user, GAP will utilize its Referral Request Form as the form of communication for appointment requests, responses, and details.
- If the PCP/referring provider is not an Epic user, they should send any notes, labs, radiology, procedures, and current and past treatments related to the reason for the referral to ensure there will be no duplication in the plan of care.
- At the end of each visit, the patient will receive an after-visit summary (AVS) to serve as a documented plan of care. It includes the diagnoses, vital signs, new or changing medications and directions, orders, other instructions, follow-up appointments, etc. GAP will typically communicate the results of any tests or labs along with subsequent changes to the treatment plan to the patient within 3 business days.
- Any test results, treatment plans, or secondary referrals initiated by GAP will typically be communicated to the PCP/referring provider via Epic within 3 business days. If the PCP/referring provider is not an Epic user, GAP will use electronic fax as the primary means of communication, followed by mail only if a valid fax number is not readily available.

Name of Referring Office: _____

Signature of Representative: _____ Date: _____

Signature of GAP President: _____