



Financial Policy

Billing Questions: (336) 714-1262

It is the policy of Gastroenterology Associates of the Piedmont, P.A. (GAP) to have a financial policy that clearly outlines patient and practice financial responsibilities. We are committed to providing our patients with the best possible medical care and also minimizing administrative costs. This financial policy has been established with these objectives in mind and to avoid any misunderstanding or disagreement concerning payment for professional services.

1. We will submit a claim to your insurance company on your behalf for services rendered. Information needed to process your claim should be received and verified prior to your appointment. It is the patient's responsibility to provide us with current insurance information and to bring his/her insurance card to each visit.
2. If a patient has insurance with which we do not participate, our office is happy to file the claim; however, the balance will be the responsibility of the patient if payment is not received from the insurance in a timely manner.
3. Payment is due at the time of service, which may include copays, deductibles, coinsurance, and past due balances. We must collect these balances as part of our contract with your insurance company; failure on our part to collect from patients can be considered fraud.
4. Patients that do not have insurance are expected to pay for professional services at the time of service unless prior arrangements have been made with us.
5. We accept payment by cash, checks, money orders, Visa, MasterCard and Discover. You will receive a statement for any remaining balance, which is due upon receipt. Our office will charge a \$25 fee for all returned checks. A detailed statement is available upon request. For questions, charge disputes or for special payment arrangements, contact our billing office at 336-714-1262.
6. Reimbursement for charges will vary depending on your insurance coverage. These 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. Patients will receive monthly statements for amounts that are the responsibility of the patient. If after several attempts have been made to collect an unpaid balance and there has been no response in the form of a payment on the balance due, any unpaid balances may be referred to an outside collection agency.
8. It is the patient's responsibility to ensure that any required referrals for treatment are provided to the practice prior to the visit. Visits may be rescheduled or the patient may be financially responsible due to lack of the referral.

Our practice firmly believes that a good physician-patient relationship is based on understanding and good communication. Our billing office is here to help you; please contact them with questions or to discuss financial arrangements.

By signing below, I agree that I have read and understand the policies above.

Patient Signature (or legal guardian)

Date

Patient Name (please print)

Patient Date of Birth