



# RALEIGH ENDOSCOPY CENTER

Your procedure is scheduled for \_\_\_\_\_ at the circled center:

**Holly Springs:** 2061 Ralph Stephens Rd (919) 585-4710

**Main:** 2417 Atrium Dr. (919) 791-2060

**North:** 8300 Healthpark Dr. (919) 256-7980

**Cary:** 1505 SW Cary Pkwy (919) 792-3060

Please plan to arrive at \_\_\_\_\_. You will receive a phone call prior to your procedure if there are any changes to this time.

## **Prior to your visit to our facility**

Please complete the Patient Profile sheet in its entirety prior to your visit. For your convenience, we would like to direct you to our website at <https://raleighendoscopy.com>. Simply click on the **'For Patients'** tab on the screen, and then **'Patient Forms'** and then download the form to complete, or complete the form enclosed and bring the completed form with you the day of your procedure. If you have a question about the preparation for your procedure, please call your physician's office.

## **When you come to our facility**

- You will be at our facility approximately two (2) to three (3) hours so please wear comfortable clothes when you come for your procedure.
- If you wear glasses or have a hearing aid, please bring these items with you.
- You must bring a photo ID.
- You will need to bring current valid insurance card to ensure we have correct insurance filing information as well as any applicable copays, deductibles or co-insurance amounts.
- **You will receive sedation for the procedure and MUST have an adult stay with you at the Center and drive you home.** Please contact your physician's office if you do not have someone to drive you home and they will reschedule your procedure.

**\*Please Note:** As a service we can provide a copy of a Living Will, Healthcare Power of Attorney, and a Medical Directive sheet that you can take home and complete at your leisure.

**Raleigh Endoscopy Center cannot be responsible for valuables.**

## **Billing Policy**

Raleigh Endoscopy Center (REC), a licensed Outpatient Ambulatory Surgery Center (Outpatient Surgery) is pleased to assist our patients with billing and insurance matters.

Patients are responsible for the cost of services rendered. If your insurance company requires pre-authorization for your procedure, please notify your physician when it is scheduled as this **MUST** be done in advance. As a courtesy to our patients and to help them meet their financial obligations, REC will bill their health insurance carrier(s) for them, provided a valid I.D. card and/or information regarding insurance coverage is presented on or before the time of registration.

The procedure for which you are scheduled generates a facility fee for the use of the surgery center. This fee includes all medications, IV supplies, endoscopy equipment, nursing care, etc. Depending on our contract with your particular carrier, your procedure could result in a combination of the following fees:

- 1) Professional Fee- this is the doctor's charge for performing the procedure.
- 2) A Facility Fee - this is the charge from the center.
- 3) A Pathology Fee - if a biopsy is needed, you would be billed separately for those services.
- 4) An Anesthesia Fee - this is the charge for anesthesia services.

REC accepts assignments of benefits and maintains an active follow up process with all health insurance carriers. Many insurance companies have additional benefits for screening colonoscopies. If during a screening colonoscopy abnormal findings such as a polyp or lesion is detected and removed, the service then becomes therapeutic. While we always try to minimize any out of pocket expense for our patients, we must comply with these mandates so please verify these benefits with your insurance carrier.

Unpaid balances, including all applicable co-payments, deductibles and any non-covered services are the responsibility of the patient and must be paid within 30 days of receipt of the statement. An account will be considered delinquent if payment arrangements are not made within the 30 days allowed. We cannot waive amounts defined as patient responsibility as such waiver may violate state and federal laws. Additionally, we ask our patients to contact their insurance carriers for payment status if their account remains unpaid after 45 days. REC reserves the right to bill a patient directly if their insurance company is unresponsive or particularly slow in making payment. Accounts with balances greater than 60 days may be billed to the patient.

Payments may be made by Visa, MasterCard, Discover and American Express, personal checks or money orders. There will be a service charge for all returned checks. All patients are given one final notice and a grace period to pay or make arrangements to pay the amount due. Delinquent accounts are subject to further collection action including placement with a collection agency. Collection fees, interest or attorney's fees could be added to the account balance. If for any reason you are unable to pay your bill on time, please contact the Amsurg Central Billing Office at (855) 264-0222 for assistance.

## **Following your visit**

You are not to drink alcoholic beverages, drive or operate machinery or make major decisions until the following day. The physician's office will follow up with you regarding any pathology obtained during your procedure.

***If you have an emergency following a procedure at our Center, please call your physician's office to reach the answering service. They will contact the physician on call.***