

**WILMINGTON GASTROENTEROLOGY ASSOCIATES, P.A.**

**POLICY: Financial Assistance and Billing**

**EFF: 1-1-2013**

**APPROVED: SLP**

**(DATE) 1-1-2013**

**Financial Assistance and Billing**

Wilmington Gastroenterology has established this policy to assist patients in better understanding the cost of care and the respective expectations of payment for services rendered. This policy will apply to procedures performed in our Ambulatory Surgical Center and will include the facility fee for such procedures.

Patients may request itemized statements through the business office for procedure charges after the procedure has been performed. Estimates of charges can be obtained as well prior to the procedure by contacting the business office. These estimates may be requested by phone or in writing by contacting the business office at (910) 362-1011.

Upon a balance becoming the patient's responsibility Wilmington Gastroenterology will mail the responsible party a minimum of 3 statements over 90 days. If the balance is not paid the account will be eligible for our bad debt collection service.

Patient account credit balances will be reviewed at least monthly and refunds will be issued within 45 days of receiving the overpayment.

Contact: Wilmington Gastroenterology, Attn: Business Office, 5115 Oleander Drive, Wilmington, NC 28403 (910) 362-1011.