

Columbia Gastrointestinal Endoscopy Center

**PLEASE REVIEW PACKET AT LEAST 7 DAYS BEFORE PROCEDURE**

Please **COMPLETE** and bring the **2 attached forms**, your Driver's License/Photo ID and current insurance cards to prevent any check-in delays. These forms look like the ones you filled out in the office, but we are required to maintain separate records from your doctor's office. Please complete the **ENTIRE** medical history to prevent any delays.

- **COPAYS AND DEDUCTIBLES** are due when you arrive. **BEFORE YOUR PROCEDURE**, please call the Columbia Endoscopy Center Verification of Benefits department (Nashville, Tennessee) **1-844-235-0201** to find out any copays that will be due on the day of service. Please call your insurance provider for questions regarding your deductible, out of pocket, coverage of services or copays. **Please do not call the doctor's office for procedure/facility/anesthesia billing questions, they will be unable to assist you.** IF YOU PAID A FEE AT THE PHYSICIAN'S OFFICE, that is for the physician's services. That is not applied to the Columbia Endoscopy Center facility fee. You may call **1-866-809-1220** or email **[Statement.questions@amsurg.com](mailto:Statement.questions@amsurg.com)** for any bills you receive **after** your procedure.
- **PROCEDURE LOCATION**: Columbia GI Endoscopy Center, 2739 Laurel Street, SUITE 1B, Columbia, S.C. 29204. (803) 254-9588 for directions.
- **YOUR DRIVER MUST REMAIN ON THE PREMISES**, either in the waiting room or in the car. Your procedure will be cancelled if you do not have a driver. We will ask for a cell number for those waiting in the car. Due to space constraints, please have only 1 person with you (driver). **The estimated waiting time is 45 minutes - 2 hours.** Times vary. We ask that no children accompany you due to the health risks to our elderly patients.
- If the pharmacy states they cannot find your prescription, please ask them to look further back in your history. They will only look back for 2 weeks for any prescriptions.
- Due to space constraints and privacy, visitors aren't allowed in the Pre-op area, unless there are special needs. Dress comfortably (2-piece outfit). Please leave all valuables at home.
- When you are ready to be discharged, your driver will be brought back and given your post op instructions. Please make sure that your driver (OVER THE AGE OF 18) is someone that you don't mind hearing your instructions.
- We use a texting service to send appointment reminders before your procedure. We will also send a text message to check on you after your procedure. Please be sure to provide your mobile number so we can communicate with you.

Questions regarding Prescriptions, Prep and Instructions please call the physician's office  
803-799-4800

To avoid a physician's **CANCELLATION FEE**, call ASAP if you need to **CANCEL** or **RESCHEDULE**

Columbia Gastrointestinal Endoscopy Center  
2739 Laurel Street, Suite 1B  
Columbia, SC 29204  
803 254-9588

## Billing and Charges

Please contact your insurance provider and our billing department **BEFORE** your procedure for your deductible, copayment information and coverage of services. Any amounts that have not been met are your responsibility and will be collected upon your arrival. Our billing office will attempt to contact you via text messaging or phone to inform you of your financial responsibility. If you have not heard from them, please call them at 1-844-235-0201. The Columbia Endoscopy Center has separate billing from Columbia Gastroenterology Associates (physician's office). Any payments you made at the doctor's office are applied to the physician's fee and not to your procedure facility fee.

### **YOU WILL RECEIVE A BILL FROM EACH OF THE FOLLOWING:**

1. **Facility fee:** *This charge is for where the procedure was performed. For questions regarding bills you have received **AFTER** your procedure, please call Columbia ASC, LLC (d.b.a. Columbia GI Endoscopy Center) **1-866-809-1220**. The billing office is in Nashville, Tennessee You can also email [Statement.questions@amsurg.com](mailto:Statement.questions@amsurg.com) for any questions, concerns, or billing issues. The physician's office **cannot answer** any procedure insurance related questions. Please call our billing office and/or your insurance provider for assistance.*
2. **Anesthesia fee:** *Anesthesia Group: Amsurg Columbia Anesthesia, LLC. The billing office is in Nashville Tennessee **1-866-809-1220**.*
3. **Physician's fee:** *Columbia Gastroenterology Associates (physician's office). This is a fee for the physician performing your procedure. The phone number is **803-799-4800**.*
4. **Pathology fee:** *If you have biopsies taken during your procedure, the specimens will be sent to Columbia Gastroenterology Pathology Services. The pathologist analyzing your biopsy will bill you for their professional Services through Vizia Diagnostics. If your insurance requires a particular laboratory for specimen **pathology**, please let the staff know upon arrival. The endoscopy center staff cannot verify this on all patients and **will not take responsibility** for sending specimens to an out of network lab. Pathology is different from laboratory blood work. When contacting your insurance provider to verify coverage, make sure you inform them that this is for pathological analysis and not blood work.*