

Financial Statement

The Center is an “Ambulatory Surgery Center” specially designed for the practice of Gastroenterology and Pain Management -- no other medical procedures are performed here. The mission of the Center is to provide quality care in a specialized outpatient setting and we strive to provide each patient with the utmost care and personalized attention. Our clinical staff are trained professionals experienced in caring for our patients.

By law, we are required to notify you that some of the physicians performing procedures here have a direct financial interest/ownership in this center.

In order to ensure that our patients understand their financial responsibility and our payment policies, we ask that you take a minute to read the following and discuss any questions you may have with our billing representative.

1. The fee that we charge for our services is intended to cover the cost of operating this facility including equipment, staff, rent, supplies, etc. You will also receive a separate bill from the physician’s office for their professional services, as well as the anesthesiologist, certified nurse anesthetist, and possibly the laboratory for any pathology services. The facility, anesthesiologist, certified nurse anesthetist (CRNA), laboratory and physicians’ professional office are all separate legal entities providing separate and distinct services.
2. As a courtesy to our patients, insurance claims will be submitted on the patient’s behalf to the insurance company specified during the registration process as long as we have the complete name and address of the insurance company, the subscriber’s name, social security number and birth date, and the group number and any other required pre-authorization for the procedure.
3. All co-payments and deductibles will be billed by Mount Laurel Endoscopy billing department as required by the contract between the patient, the insurer and our Center.
4. Some insurers require precertification, preauthorization or a written referral. It is the patient’s responsibility to understand the insurance plan requirements and ensure that the proper authorization is obtained at least 3 days prior to the date of service. Failure to do so may result in denial of the claim by the insurer. We cannot accept responsibility for a disputed claim. If your insurance company denies the claim for any reason or holds payment, you are ultimately responsible for the balance due.
5. If you have any questions related to the balance, please contact our Billing Office to discuss your account. Non-payment will result in referral to an outside collection agency that could impact the patient's credit record. Legal fees and collection cost incurred to collect outstanding accounts will be the patient's responsibility.