

## After your procedure you may receive statements from:

**Salem Gastro**  
**Salem Endoscopy**  
**Anesthesia Associates Northwest**  
**Advanced Pathology Solutions**

When having a procedure you will receive multiple services from several companies.

Below is a list of services that may be billed, the companies and their billing phone numbers should you have any billing questions.

You will be required to pay your estimate at time of service.

### **Salem Gastroenterology Consultants, PC**

This will be for Professional Fees and Histology Fees:

These are the fees charged by the doctor doing the procedure and the histology lab preparing your tissue samples for the pathologist (if the physician takes biopsies during your procedure). Histology is not included in your estimate because you may not have any taken. We won't know until your procedure.

Billing questions can be answered by calling: 503-399-7520 option 4.

### **Salem Endoscopy Center**

This will be for Facility Fees:

These are the fees charged by the facility - Salem Endoscopy. Billing questions can be answered by calling: 503-399-7520 option 4.

### **AANW: Anesthesia Associates NW**

Anesthesia Fees: These are the fees charged by the anesthesiologist that will be giving you anesthesia and monitoring your vitals.

Billing questions can be answered by calling: 503-594-1774

### **APS: Advanced Pathology Solutions**

Pathology Fees: These are the fees charged by the pathologist that will examine your tissue.

Billing questions can be answered by calling: 855-436-4715

**Please note**, APS is in Arkansas. You will want to call your insurance carrier to verify if you have Out of State benefits. If you do not, please contact APS for billing assistance.

## **Estimates:**

Before scheduling a procedure, we will provide you with an estimate. This will be an estimate of what your insurance company will pay towards services you are scheduled to receive.

This includes professional fees from Salem Gastro and facility fees from Salem Endoscopy Center.\*

It will **not** include fees for:

- Anesthesia as that is billed by an outside service.
- Pathology and Histology as those may or may not be needed depending on findings.

## **Financial Policy Overview:**

- Past Due accounts must be paid before scheduling.
- Co-pays are due at time of service.
- Procedure estimates must be paid prior to services.

Our full financial policy is available at: [salemgastro.com/financial-policy](http://salemgastro.com/financial-policy).

\* Costs associated with other clinics or providers also not included.

## **Accepted forms of payment:**

All major credit cards, debit cards, personal checks (\$25 charge if returned), cash, Care Credit and HSA (Health Savings Accounts).

SalemGastro



SalemEndoscopy



PH 503.399.7520 | FX 503.362.7344  
SalemGastro.com

**Your Provider has ordered the following procedure(s):**

- ☐ Colonoscopy
- ☐ EGD (Upper Endoscopy)
- ☐ \_\_\_\_\_

You will receive an estimate of your financial responsibility via our patient portal or by mail within 7 days.

If you don't receive the estimate or have any questions regarding the estimate, please contact our benefits department at 503-399-7520 option 4.

**Other Orders**

- ☐ Labs \_\_\_\_\_
- ☐ Imaging \_\_\_\_\_
- ☐ \_\_\_\_\_

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