

FINANCIAL POLICY

Insurance:

- It is your responsibility to provide us with the most current insurance information. Please bring your insurance card as well as your photo ID to your appointment.
- We do accept Medicare assignment, AR Medicaid, AR Kids, Tricare and participate with most insurance network plans. You will need to contact your insurance company to verify our doctor is in your particular network
- Some insurance plans require a referral from your primary care provider to be seen by a specialist. If your insurance plan does require a referral, you will need to bring it with you to your appointment.
- We will be happy to file with your insurance; however any co-pays, deductibles, co-insurance are due at your appointment. Please be aware that some or perhaps all of the services provided may not be covered in full by your insurance company. You are financially responsible for services not covered by your insurance company.
- It is unlawful to waive/fail to collect or discount co-payments, deductibles, coinsurance or other patient responsibility payments per the Federal False Claims Act, Federal Anti-kick Statue, and state and federal insurance fraud laws. It is also a violation of our managed care contracts. This includes services deemed as "Professional Courtesy".

Self-Pay/ No Insurance:

• Payment will be due at the time of service. If you are unable to pay your balance in full, you will need to make prior arrangements with our Billing Specialist.

Billing Information:

- You must provide your most current billing address, all available telephone numbers and any other important contact information. If your address or contact information changes, it is your responsibility to contact us with the updated information.
- When you receive a statement, if you have any questions or dispute the validity of the balance it is your responsibility to contact our office within 30 days after receipt of the initial statement.
- Payment in full is due upon receipt of the statement. Patient balance not paid in full within 30-days of statement issue date is deemed past due. If the entire balance cannot be paid in full, our office can arrange a payment plan with monthly payments expected. Past due accounts may be referred to a professional collection agency. You will be responsible to pay all collection costs incurred.
- There will be a \$25 fee for all returned checks.
- Failure to keep your account balance current may require us to cancel or reschedule appointments.

Surgery/Procedures:

- **Cancellation policy:** Out of courtesy to other patients, we require a 48 hour notice if you need to cancel your procedure or test. If there is not enough notice, you will be charged \$50. By law, this charge will not be billed to your insurance. It will be your responsibility.
- We will request a pre-surgical deposit. The amount depends on your coverage and deductible and co-insurance amounts. If a deposit is needed (based on your policy), it is due 3 days prior to the scheduled procedure.
- It is your responsibility to call your insurance company to determine what procedures are covered within your particular insurance plan. Ex: wellness plans, pre-existing clauses, etc. **All non-covered services will be your responsibility.**

As part of our professional relationship, it is important that you understand your financial responsibilities. If you have any questions, please call our office at 501-778-3361.