

ARKANSAS PRIMARY CARE CLINICS. P.A.

OFFICE FINANCIAL POLICY

Dear Patient

Thank you for choosing our practice to serve your medical needs. We pride ourselves in providing **Quality Care for Quality People**. We would like to share the following with you regarding the charges and the services rendered to you by our office.

1. We will bill your insurance plan under which you are covered for all charges for services rendered. We will bill both your primary and secondary insurance plans. You will be responsible at the time of service for payment of:
 - a. Co-payments
 - b. Deductible portion of charges billed
 - c. Charges for non-covered services

In the event a charge is not covered by your insurance plan, we will bill the balance after we obtain a denial from your insurance carrier. If your insurance has not paid your bill within 30 days from the date you were treated, please contact your carrier to make sure additional information is not needed from you.

2. We are Medicare participating providers. We will bill Medicare and any secondary insurance coverage you may have. You will be responsible for any balance due after all insurance payments are made to our facility. If you have not met your deductible and do not have a secondary insurance, you will be responsible for the amount allowed by Medicare on the day of service. If your deductible has been met and you do not have a secondary insurance, you will be responsible for 20% of the amount allowed by Medicare on the day of service. This portion can be figured for you by our cashier at the time of treatment and must be paid at that time, unless prior financial arrangements are made with our billing department.
3. We are Medicaid participating providers. We will bill Medicaid for services rendered by our facility. One of our physicians must be your primary care physician in order for Medicaid to cover your services. Medicaid allows 12 physician visits and \$500.00 in lab and x-ray for Medicaid recipients age 20 and above for each fiscal year.
4. Medicaid fiscal year begins July each year and ends in June the following year. **(Example, July 1, 2010 through June 30, 2011)**. Once you have used your 12 visits or \$500.00 in lab and x-ray, you will be considered self-pay until the next year begins. You will be asked to pay for your office visit until benefits are restarted.

5. Keep in mind, if you have **category 69**, this is for family planning **ONLY**, and will not cover any other services. You will be considered self-pay if any other service is rendered.
6. If you do not have any insurance, you will be required to pay the office visit on the date of service. For other services rendered on that day, we can bill the balance, which will be due within 10 days from the date of service. For services that require financing, such as procedures performed in our office, we will allow you to make payment arrangements once a specified portion is paid before or on the day of the procedure.
7. Outside Lab Charges: Although some lab tests are done in-house, the majority are sent to an outside reference lab. All charges incurred by the outside reference lab will be billed by the outside lab's billing department.
8. Referrals: Some insurance companies require a referral from your Primary Care Physician. We request that you allow at least 48 to 72 hours prior to your appointment to allow us ample time to do the necessary paperwork that may be required.
9. FLMA Forms, Disability Forms, and other forms: Most forms will require you to be seen by the physician prior to completion. We ask that you make an appointment to discuss the particulars of your form with the physician. There is a \$35.00 fee for completion of these forms. Payment is required prior to the completion of all forms.
10. Medical Records Request: All requests will be completed within 24 to 48 hours after request is submitted. Please note there is a copying fee for records personally picked up by the patient. This fee will be determined by the size of the chart and must be paid prior to picking up the records.

Standard Fee: \$5.00 for the first five (5) pages and .25 for each additional page.

11. All new patients are required to have their records sent from their previous physician. Please fill out a release of information so that your records can be obtained so we can adequately service your medical needs.

If you have questions regarding our financial policy, a patient accounts staff member will be happy to answer any questions you might have.

I have read and understand your financial policy and my responsibility regarding charges incurred in your office.

Patient /Guardian Signature

_____/_____/_____
Date