



## FINANCIAL POLICY

The Surgical Clinic of Central Arkansas is dedicated to providing the best possible care for you, and we want you to completely understand our financial policy. Please ask if you have any questions about our policies or your responsibilities.

- 1) **PAYMENT** is expected at the time of your visit. We accept cash, check, or credit/debit card. Payment will include any unmet deductible, co-insurance, co-payment & past due balances. If you do not carry insurance, or if your coverage is currently under a pre-existing condition clause, payment in full is expected at the time of your visit.
- 2) **INSURANCE** is a contract between you and your insurance company. We will bill your insurance as a courtesy to you. In order to properly bill your insurance company we require that you disclose all insurance information including primary and secondary insurance, as well as, any change of insurance information. Failure to provide complete insurance information may result in patient responsibility for the entire bill. If your insurance company has not paid a claim on your behalf within 90 days because of information that you have not provided, the balance will be transferred to your account and you will be responsible for payment. You **MUST BRING YOUR INSURANCE CARD** with you to your appointment. If your insurance requires a referral, it is the patient's responsibility to obtain a referral from your PCP.
- 3) **SELF-PAY** accounts are patients without insurance coverage, patients covered by insurance plans in which the office does not participate, or patients without an insurance card on file with us. It is always the patient's responsibility to know if our office is participating with their plan. Self-pay patients will be required to bring \$186.00 to the initial appointment and will be asked to make payment arrangements for the balance. If a self-pay patient is scheduled for surgery and the procedure is elective we require payment in full, 7 days prior to surgery. Non-elective surgery will require ½ of the fee due in advance and we will make a payment plan on the remaining balance. A 20% prompt pay discount is applied to all full pay payments received.
- 4) **FORM FEES:** We do charge for the completion of forms, (i.e., FMLA, disability, cancer) as it requires office staff time and time away from patient care. We charge \$10.00 for a one page form and \$20.00 for more than one page. This fee is charged only one time per patient.
- 5) **SURGERY PREPAYMENTS** are due when the surgery is scheduled. If they cannot be paid at that time they must be paid 2 business days prior to the procedure. Our benefit specialist will contact your insurance company concerning any unmet deductible, out of pocket and/or co-insurance due from you prior to your procedure. This will be an estimate to the best of our knowledge. If there is an overpayment we will refund that amount. If there is a balance due you will be billed.
- 6) **PAST DUE ACCOUNTS** and **COLLECTION ACCOUNTS** are accounts that remain unpaid after a determined amount of time. The patient will receive monthly statements and should contact us to make payment arrangements if the balance cannot be paid in full. The patient will also be contacted by phone if no arrangements have been made. If the account remains unpaid, it will be turned over to a collection agency. The patient will receive personal and automated debt collection calls from the collection agency.

**BY SIGNING THE FORM, YOU ARE CERTIFYING THAT YOU HAVE READ AND UNDERSTAND THE FINANCIAL POLICIES OF THE SURGICAL CLINIC OF CENTRAL ARKANSAS.**

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**NAME**

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**DATE**