



Arkansas Allergy & Asthma Clinic, P.A.

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FINANCIAL POLICY

Your understanding of our financial policy is an important part of your care and our professional relationship. Please ask if you have any questions regarding our fees, policies, or your financial responsibility.

Full payment for office visit charges is due at the time of service. We accept cash, check, money order or credit card. Should you need to make payment arrangements, please contact our Patient Accounts Specialist before your scheduled appointment.

INSURANCE

AAAC files claims with all commercial insurance companies (example: Blue Cross Blue Shield, Medicare, Medicaid, HMO's and PPO's). **Any co-pays, deductibles, co-insurance payments, or non-covered services are your responsibility and are due at the time of service.**

If your insurance requires a referral, you are responsible for making sure a referral is obtained by the date of service. If our office does not have a referral at the time of service and your insurance does not pay, you will be responsible for the charges for services rendered.

SELF-PAY

For patients without insurance we allow a 25% discount on our fees for full payment at the time of service. Please make sure to let the cashier know that you would like to take advantage of this discount.

PAYMENT OPTIONS

Under certain circumstances, a statement may be mailed to you. All charges billed are due within 14 days of receipt of the statement. You are directly responsible for any unpaid balance on your account. If payment cannot be made when due, you must contact our Patient Accounts Specialist to set up an extended payment arrangement.

AAAC offers the option to pre-authorize your post-visit balances. We will estimate your balance and authorize your payment card for that amount. When your insurance has been adjudicated, we will then process a charge to your card for the balance, not exceeding what you have authorized. This automated process eliminates the need for us to bill you for future payment.

After 30 days, if no payments or extended payment arrangements have been made, necessary collection efforts will begin.

In divorce cases, regardless of who has been awarded custody or financial responsibility for the child, the person bringing the child for treatment is responsible for payment of services rendered.

AAAC is committed to providing you and your family with the best medical care. Our charges reflect the usual and customary fees for our area. You are responsible for payment regardless of any insurance companies' arbitrary determination of benefits.

NO SHOW FEE

Failure to keep an appointment at the scheduled time, along with failure to notify AAAC of cancellation at least 24 hours prior to the scheduled appointment time, will result in a \$35.00 no show fee assessed to the patient account.

I have read the Financial Policy of Arkansas Allergy & Asthma Clinic P.A. I understand that I am financially responsible for all charges whether or not covered by insurance. By my signature below I acknowledge that I have received a copy of the Arkansas Allergy & Asthma Clinic P.A. Financial Policy.

Patient or Patient Representative

Date