

# Arkansas Breast Surgery

## Patient Financial Agreement

The following information is provided to all of our new patients to inform them of our office financial policies and of patient financial responsibility requirements. Please ask our staff if you have any questions regarding these policies.

- We will be happy to bill your insurance as a courtesy; however, all charges, regardless of insurance coverage are the patient's responsibility. **We do expect payments for your portion at the time of service (co-pays, co-insurance, and deductibles).** We ask that if your insurance has not paid within 45 days that you follow up with them. Our office contracts with most insurance carriers that operate in Arkansas.
- For surgical care, we will pre-certify your insurance and obtain the estimated patient responsibility for the procedure. This amount is due 5 business days prior to the date of surgery. If the procedure results in additional charges, these fees will be billed to you. We ask that you pay the balance within 30 days following your surgery. Acceptable payments include Cash, Check, Visa, MasterCard, Discover, or American Express.
- Any laboratory testing will be sent to a third-party company, as we do not perform in-house laboratory tests. These companies may or may not participate in your insurance plan. You may request that we refer your testing to another laboratory facility. This request will need to be done at each visit.
- It is necessary to strictly enforce the policy of financial obligation. **All co-pays, patient self-payment, and estimated patient financial responsibility may be paid by Cash, Check, Visa MasterCard, Discover, or American Express.** Only additional fees will be invoiced by the office to the patient. These are due within 30 days of mailing date. There will be a 2% service fee for credit card payments taken over the phone.
- It is our goal to get all patients on the schedule in a timely manner. If you know that you will not be able to be at your appointment please let us know at least 1 business day in advance so that we may offer your spot to another patient. There will be a charge for a no show visit or if we receive less than 1 business day notice for a cancellation. This charge will be \$50 for office visits and \$200 for surgical procedures. This fee is the responsibility of the patient and cannot be filed with insurance companies. This fee must be paid before the appointment or procedure can be rescheduled.
- Paperwork for Disability and FMLA can be completed by our office, we ask that you give us a week to complete these. There is a charge of \$25 for each set of forms, payable in full at the time that the form is left for completion.
- If balances are due over 90 days these may be turned over to a collection agency.
- Returned checks will be charged a \$30 fee. Returned check balances must be cleared before follow-up appointments can be scheduled.

**I have read and understand the above information and agree to comply with these financial policies.**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_