

Autumn Road Family Practice, P.A.
FINANCIAL POLICY

Thank you for choosing Autumn Road Family Practice (ARFP) as your healthcare provider. We are committed to providing you with the best possible care. We ask you to read and sign this document at your first visit (and annually thereafter) prior to any treatment so that you are informed of our financial, collection and appointment no-show/cancellation policies.

Insurance Terminology	ARFP Information
Your insurance is a contract between you and your insurance company. However, we are pleased to be of service by filing your medical insurance for you.	Insurance policies have coverage limitations. ARFP is not responsible for any limitations in coverage that may be included in your plan.
Co-pay is a flat fee that a patient pays <u>every time</u> they receive medical service (for example, \$25 for every visit to the doctor).	Applicable co-pays will be collected at every visit before service as required by insurance carriers.
Covered expenses – Most health insurance plans, whether they are fee-for-service, HMOs, or PPOs do not pay for all health care services. Some may not pay for prescription drugs. Others may not pay for mental health. Covered health care services are those medical procedures the health insurer agrees to pay for. They are listed in your health insurance policy.	Coverage varies on each insurance policy (e.g., a BCBS insurance policy for one person/company may differ from another). Thus, the patient must be familiar with their personalized coverage details as it is not possible for ARFP to know every detail on each person’s insurance plan.
Co-insurance is the amount a patient is required to pay for medical care in a fee-for-service health plan after the deductible is met. The co-insurance rate is usually expressed as a percentage. For example, the health insurance company pays 80% of the health claim, the patient pays for 20%.	Applicable co-insurance fees will be billed to you by ARFP once your insurance company notifies us of your payment portion.
Coordination of Benefits is a system to eliminate duplication of benefits when a patient is covered under more than one group health insurance plan/medical insurance plan. Benefits under the two health insurance plans usually are limited to no more than 100% of the health plan.	ARFP will file your primary insurance first. Your secondary insurance will be filed, as appropriate, after we receive payment/non-payment details from your primary insurance carrier.
Deductible is the amount of money the patient must pay each year to cover their medical expenses before their health insurance policy starts paying.	If known, we ask you to pay towards your deductible at the time of service.
Motor Vehicle Accidents (MVA)	In the event you are involved in a motor vehicle accident (MVA), you are expected to pay for services when rendered. We require a \$115 deposit for all patients being seen as a result of a MVA. We will gladly provide all necessary paperwork needed for you to file your insurance claims with your carrier.

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<p>Self-Pay</p>	<p>All <u>new</u> self-pay patients are required to pay a minimum office visit fee (\$135) at the time of service; <u>established</u> self-pay patients pay \$95 unless prior arrangements have been made with our office.</p> <p>Additional fees will be billed separately to your address if other services were performed during your visit (e.g., xray, lab, procedure, etc.).</p>
<p>No Show, Late, and Cancellation Policy</p>	
<p>No Show is defined as a scheduled appointment that a patient does not keep or is rescheduled without appropriate notice, and will be charged to the patient account as follows:</p> <ul style="list-style-type: none"> • 1st occurrence - \$25 charge • 2nd occurrence - \$40 charge • 3rd occurrence - Patient may be dismissed from the practice 	<p>Patients who fail to pay the fees for missed appointments will not be allowed to schedule future appointments until the fee is paid in full.</p>
<p>Cancellations – <u>Routine appointments</u> (e.g., acute illness, blood pressure check, back pain, minor injuries, etc)</p>	<p>Routine appointment cancellations must be cancelled at least 4 hours before the scheduled appointment time. Any routine appointment cancelled less than 4 hours before the scheduled appointment time will be treated as a “no-show” and the above actions will apply.</p>
<p>Cancellations – <u>Physicals, Procedures, Bone Densities, New Patients, etc.</u></p>	<p>Cancellations of these types of appointments must occur no less than 24 hours prior to the scheduled appointment time. If these appointments are cancelled less than 24 hours prior to the scheduled appointment time, they will be treated as “no shows” and the above actions will apply.</p>
<p>Late Arrivals</p>	<p>Patients that arrive more than 15 minutes late will be considered a no-show; and, will require rescheduling if the physician’s schedule will not accommodate this loss of time.</p>

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Delinquent Payment / Collection Policies

- We request payment in full for services rendered within 30 days of receiving an initial invoice from ARFP.
- An outside collection agency manages all ARFP accounts that remain unpaid after 90 days of receiving an initial invoice from ARFP.
- If you wish to speak with our Billing Office about alternate payment options – please let us know.

Payment Options Accepted	Business Office Contact Information
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Autumn Road Family Practice accepts the following payment options:

Cash / Personal Checks* / Money Orders / Debit Cards
 Visa / American Express / MasterCard / Discover

***By using a check for payment**, you agree to the following terms: In the event your check is dishonored or returned for any reason, you authorize us to electronically (or by paper draft) re-present the check to your bank account for collection of the amount of the check, plus any applicable fees as permitted by state law.
 (Re\$ubmitt)

At Autumn Road Family Practice, we appreciate your business. We welcome you to contact our Business Office if you have a question about your bill; or, wish to speak with a billing representative before you receive service. You can reach our Billing Office, Monday-Friday, 8 am – 4:30 pm. Dial 501-227-6363 and follow the prompts. You may leave a secure voice message after hours and our Business Office staff will return your call the following business day.

**Assignment of Insurance Benefits (if applicable)
and Acknowledgement of ARFP’s Financial Policy**

As applicable, I request that payment of insurance benefits be made on my behalf to Autumn Road Family Practice for any services furnished to me by any provider in the clinic. I authorize any holder of medical information about me to release any information needed to determine benefits to my insurance carrier, and where applicable, to the Center of Medicare and Medicaid Services and its agents. I further authorize the clinic and it’s agent to verify employment and wage data in the event collection action becomes necessary.

Additionally, I acknowledge notification of ARFP’s Financial Policy.

Signature of Patient or Responsible Party	Date
Signature of Co-Responsible Party	Date

For office use ACCOUNT #	
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