

Little Rock Pediatric Clinic Financial Policy

Thank you for choosing Little Rock Pediatric Clinic as your child's healthcare provider. We are committed to providing quality care to any child and their family with compassion and kindness. Please understand that payment of your bill in a timely manner allows us to uphold this commitment to you. The following information explains our Financial Policy, which we ask that you read, sign and return to us prior to your treatment. A copy of this policy will be provided to you upon request.

- 1. Insurance.** We participate in most insurance plans and are happy to file your insurance as long as we are provided with a copy of your card along with accurate information. **It is very important to verify your insurance information at each visit.** Any remaining balance after insurance pays will be billed to you and is due within 21 days of the statement.
- 2. Copayments.** All co-payments must be paid at the time of service. This arrangement is part of your contract with your insurance company. Making your copayment at the time of service will ensure that you meet your contractual obligation. Uncollected copayments will be billed within a week of your visit. Repeated failure to make your copayment may be reported to your insurance company for follow-up. ***Patients with Medicaid as secondary insurance are still responsible for the primary insurance copay. Medicaid DOES NOT cover the copay for the primary insurance.***
- 3. Proof of Insurance.** All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver's license and a current valid insurance card to provide proof of insurance.
- 4. Claims Submission.** As stated above, we will submit your claims and assist you in any way we reasonably can to help get your claim paid. Your insurance may need you to supply certain information directly, and it is your responsibility to comply with their requests. Please be aware that the balance of your account is your responsibility whether your insurance company pays your claim or not.
- 5. Coverage Changes.** If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay within 45 days, the balance may be billed to you.
- 6. Nonpayment.** Patient balances are due within 21 days of the statement date. If no payment is made, reminder letters will be sent after 30 days and again after 50 days. Failure to contact us will result in referral to an outside collection agency and possible dismissal from the clinic. To avoid such action, you must pay 1/3 of your current balance or contact our business office to set up a payment plan. We will extend credit for 90 days unless other arrangements are made.
- 7. No Shows.** Failure to show up for a scheduled appointment will be tracked in our computer system, and letters will be sent notifying you of missed appointments. Multiple "no shows" will result in dismissal from the clinic.
- 8. Payment Methods.** We accept all major credit cards, debit cards, cash, checks, and money orders. We can also accept credit card payments over the phone. Checks returned for insufficient funds may be turned over to a third party for collection. You will be charged a \$25 processing fee on all checks returned for insufficient funds.