

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.

- 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. **It is your responsibility to ensure that your newborn is added to your policy prior to any filing deadlines, including those enrolling in ArKids.** Until insurance information is received, your child's account will be held as "Self-Pay."
- 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. Repeated failure to make your copayment may be reported to your insurance company for follow-up. ***Patients with Medicaid as secondary insurance may still be responsible for the primary insurance copay depending on how your claim is processed.***
- 3. Renewal of ArKids.** It is your responsibility to ensure that your child's ArKids policy does not lapse. Failure to re-enroll will result in loss of coverage. In the event that happens, your child's account will be converted to "Self-Pay" and you will be responsible for all charges.
- 4. Proof of Identity & Consent.** All patients/parents must complete our new patient information form before seeing the doctor. We must obtain a copy of your driver's license or other valid photo ID.
- 5. 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.
- 6. 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.
- 7. Nonpayment.** Patient balances are due within 21 days of the statement date. If no payment is made, reminder letters will be sent. 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 contact our business office to set up a payment plan.
- 8. 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.
- 9. 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.
- 10. Divorce:** In cases of divorce, the parent signing this policy assumes responsibility for all payments for services. Any legal agreement, or disagreement, between two parties in a divorce must be dealt with between those parties and does not involve Little Rock Pediatric Clinic.