



FINANCIAL POLICY

All Co-payments are due at check in for your appointments.

Thank you for choosing Heart Clinic Arkansas as your health care provider. We are committed to providing excellent health care services to our patients! As part of our professional relationship, we encourage you to read our financial policy and ask that you acknowledge your understanding by signing below.

FINANCIAL RESPONSIBILITY

The patient (or designated responsible party) has full financial responsibility for **all** charges for services provided. We gladly file insurance claims as a courtesy but this does not relieve the financial responsibility of those charges from the patient and we do not guarantee all charges are covered by the patient's insurance plan or payment will be received from the insurance carrier. **Your insurance co-pay is due at check in for your appointments.** Contact your insurance carrier if you have questions regarding your insurance coverage, deductible or co-pay. Heart Clinic Arkansas physicians are participating providers with most major insurance carriers, Medicare and Arkansas Medicaid and are required to comply with our contractual obligations. **It is unlawful to waive co-pays, deductibles or co-insurance amounts.**

INSURANCE AND PATIENT / BILLING INFORMATION

In order to accurately and timely file an insurance claim or notify the patient regarding any insurance or medical issues, we will routinely update this information upon return visits. **It is the patient's responsibility to provide accurate insurance and patient / billing information.** Please be prepared to bring insurance card(s) to each appointment and let our staff know when there has been a change in the patient or responsible party information. **Please note- if we fail to receive payment or notice from the insurance company we have on file within 60 days of submitting the claim, the entire balance will become due from the patient.**

OPTIONS FOR PAYMENT

We accept all major credit cards, cash or check. We also offer online bill pay through our website at www.heartclinicarkansas.com under Patient Information. Assistance is available for qualified individuals with financial hardship or lack of insurance coverage.

PAYMENT PLANS AND DELINQUENT ACCOUNTS

As a courtesy to our patients, **we allow 90 days for payment of balances** after insurance has paid its portion of those charges and contractual adjustments have been made. **In some instances, a short term payment plan may be available and arranged through our Heart Clinic Arkansas Financial Consultants.** However, **as we are not a financial institution, any balance remaining will be transferred to a collection agency. Collection fees may be charged to you.** Heart Clinic Arkansas is not able to service lengthy financial arrangements and follow up on delinquent accounts. We care about our patient's financial needs and the collection agency is equipped to work with our patients on successful payment of account balances with terms extending beyond what we can offer at Heart Clinic Arkansas.

INSUFFICIENT FUNDS

A \$30 insufficient fund charge will be added to the patient balance for any returned checks or reversed debit or credit card charges from our bank.

HEART CLINIC ARKANSAS CONTACT INFORMATION

Contact our billing office at 501-255-6003 or for added convenience email at billing@heartclinicarkansas.com.

ACKNOWLEDGEMENT:

Signature of Responsible Party

Print Name

Date

Print Patient Name If Not Responsible Party