

FAYETTEVILLE SURGICAL ASSOCIATES 3264 N. North Hills Blvd. Fayetteville, AR 72703

OUR FINANCIAL POLICY

Please READ and sign below

The physicians and staff at Fayetteville Surgical Associates thank you for choosing us for your health care needs. Our commitment to you includes providing you with quality medical care when and where you need it most and providing excellent customer service through effective communication and understanding.

Making sure you are aware of your financial responsibilities is part of our commitment to you. Please carefully review our financial policy below. Thank you for your cooperation.

If you have any questions or concerns about our policy or about your bill, a Patient Accounts Representative will be happy to speak to you. Please call 479-521-3300.

REGISTRATION AND CHECK-IN

Before or at your initial visit and periodically thereafter, you will be asked to provide registration information to help keep personal and insurance details up-to-date. Please be aware:

- You will be asked to present your insurance card(s) and driver's license when you check in for each appointment.
- It is your responsibility to notify our office of any patient information changes such as address, name, telephone number or insurance information.

INSURANCE COVERAGE

While we make a good faith attempt to verify coverage, we are not able to guarantee that the information given to us by your insurance is correct. It is your responsibility alone to know what services may or may not be covered by your insurance. In addition, be aware that some and perhaps all of the services provided may be non-covered services by your insurance. You will be responsible for payment of all non-covered services at the time they are rendered. Some policies require a referral from your primary care physician. It is your responsibility to make sure we have that referral prior to your first date of treatment. Otherwise, you will be responsible for the balance. It is our policy to collect any applicable co-payment, co-insurance and/or deductible or balances due at the time of service or prior to surgery.

Medicare requires you pay a deductible per calendar year. We must collect any outstanding deductible due the day services are rendered. After deductible, Medicare will pay 80% of allowed charges. If you do not have secondary coverage, you will be responsible for 20% of charges at the time of service.

YOUR ACCOUNT

For your convenience we accept cash, debit cards, check, Visa, MasterCard and Discover. No post-dated checks will be accepted. Any amount due will be collected at check-in in order to expedite the check-out process. Any account over 90 days past due will be turned over to an outside collection agency. Once the collection agency receives your information your past due debt will be reported on your credit history. You are liable for all collection and/or attorney fees, including court costs.

If statements are sent, you will be required to pay the balance in full upon receipt of statement.

I hereby understand and agree to the financial policy of Fayetteville Surgical Associates.

Patient Name: _____

Signature of Responsible Party: _____ Date: _____