

# The Children's Clinic of Jonesboro, P.A.

Patient's Name \_\_\_\_\_ Chart # \_\_\_\_\_ DOB \_\_\_\_\_

## FINANCIAL POLICY

### Objective

This policy is executed to assure the financial resources necessary to maintain this health care practice. We strive to have a team approach to health care with the physicians, patient care staff, and the business office staff working together to provide excellent service to our patients. Our goal is to treat each patient with dignity, respect, and courtesy and to serve all of Northeast Arkansas with the highest quality health care available.

### Financial Policy

Patients are responsible for full payment of services rendered at the time of service. The exceptions are patients covered by Medicaid or an insurance plan with which we have a participating agreement to accept assignment of benefits. Personal checks, Bank Debit cards, Mastercard and Visa and Discover are accepted.

Hospital Charges are due and payable with the receipt of the monthly statement. We will file the insurance claim form on all hospital charges.

The Children's Clinic of Jonesboro, P.A. currently has a participating agreement with Medicaid, ARKids First and the following insurance companies: Blue Cross/Blue Shield, USAble, First Source, Health Advantage, and groups participating in the SHARP network and many others. If you are unsure if we participate with your plan, please check your benefit manual or contact your insurance company or employer. For those patients we expect payment at time of service of any co-pay, co-insurance and deductible. We will file an insurance claim with these carriers and the insurance payment will be made to the clinic.

Our doctors are on active staff at St. Bernards Medical Center. If your insurance plan requires you to use NEA Baptist Hospital then we are probably not "in-network" for your plan. Please call your insurance company to verify which hospital is covered.

Medicaid and ARKids First patients are expected to bring their current card on the date of service. If one of our physicians is not the Primary Care Physician (PCP), a referral is required from your PCP prior to service being provided. If Medicaid shows the coverage to be inactive for the date of service, the patient is responsible for payment of that day's charges.

Financial Counseling is available with a patient account representative if you need assistance in complying with our financial policy. We will not discontinue services to patients who make appropriate, timely, monthly payments on their account. Accounts over 150 days old may be sent to an outside agency for collections if payment arrangements have not been made with one of our account representatives. Failure to make appropriate, timely, monthly payments will result in the account being sent to an outside agency for collections and may result in dismissal from The Children's Clinic.

### Statements

**BALANCES ARE DUE IN FULL UPON RECEIPT OF YOUR MONTHLY STATEMENT.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date