



## CENTRAL ARKANSAS LUNG FINANCIAL POLICY

Thank you for choosing Central Arkansas Lung for your Pulmonary needs. We are committed to providing you with the best possible care both medically and professionally. Your clear understanding of our financial policy is important to our professional relationship. Please understand that payment of your bill is considered part of your treatment.

**We accept Cash, Check, and all major credit cards.**

### INSURANCE

Here at Central Arkansas Lung, we are committed to providing the best treatment for our patients. As medical care providers, our relationship is with you, the patient, not your insurance company. We are not responsible for negotiating claims with your insurance companies or any other person on your behalf. **As a courtesy to our patients, we do file most insurance claims, however all charges are your responsibility from the date of service.**

It is very important that you understand the provisions of your insurance policy. Your insurance policy is a contract between you, your employer, and the insurance company. We cannot guarantee payment of all claims. If the insurance company only pays a portion of the bill, or rejects your claim, any contact or explanation will be made to you, the policyholder. Any reduction or rejection of your claim from the insurance company does not relieve you of your financial obligation to pay.

Patients should understand that not all services may be covered as a benefit in your insurance contracts. Some insurances do not cover certain services in their benefit plan. Some or all, of the services we provide may be considered "Non-Covered" services and not considered as necessary. These services will still be charged if rendered and is the responsibility of the patient to pay.

At Central Arkansas Lung, we charge what is usual and customary for our area. Patients are responsible for payment in full regardless of the status of a claim. Our fees are in the acceptable range of most companies and therefore are covered up to the maximum amount allowed by the insurance company.

Your payment of deductibles, non-covered services, and co-payments are due when services are rendered. If we do not participate with your insurance company or if you do not have health insurance coverage, payments for services is due at the time services are rendered, unless our Office Manager has approved special arrangements.

Although your insurance may have been filed, you will receive monthly statements on your account if it has a balance due. The patient is responsible for payment on the account. We realize from time to time that patients may have temporary financial problems which may affect the timely payment on your account. If such instance arises, our patients may qualify for a payment plan to be initiated. If payments are not kept as agreed, we reserve the right to add a Late Fee and/or turn your account over to Collections without prior notice to you.

### RETURNED CHECKS & CANCELLATION FEES

Any returned checks are subject to a \$25.00 Service Fee. If not paid in full, returned checks may be turned over to the Prosecuting Attorney's Office.

- **There will be a \$25.00 charge to the patient for not canceling appointments at least 24 hours prior to appointment time.**



*I have read and understand the Financial policy of Central Arkansas Lung, and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time to time by Central Arkansas Lung.*

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Responsible Party

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Date