

Arthritis and Rheumatology Clinics of Kansas, LLC (ARCK)

Financial Policy/Practice Agreement

316-612-4815

Our office is committed to providing you with the best possible care. If you have insurance, we want to help you receive your maximum allowable benefits. We want to make sure that you have a complete understanding of our financial policy and will cooperatively work with us through the payment process. Payments for services are due at the time of services/procedures or medical equipment being purchased. We accept cash, checks, Master Card, Visa, Discover, American Express, Debit Cards and Co-Pay Assist Cards.

The health insurance pricing and claims filing process is very complex and not many patients really understand the terms of their insurance contract however, please realize that:

- Your insurance is a contract between you and the insurance company.
- We will file insurance as a courtesy to our patients.
- Not all services the doctor determines necessary are a covered benefit in all contracts.
- You have final responsibility for payment of your bill.
- If you have questions about your benefits or eligibility calling your insurance company is the best option.
- If you have two insurances, you may only get coverage from the primary because of a "Non-duplication clause".
- Many insurance require referrals and prior authorizations prior to services being rendered. It is your responsibility to know this and to assist our office in obtaining referrals and authorizations.

We require a copy of your insurance card(s), photo identification and credit, debit or ach authorization on file prior to treatment. We will attempt to verify your benefits on each visit. It is our goal to provide you with the most accurate information about your referrals, prior authorizations, co-pays and co-insurance responsibilities. We encourage you to also know this information..

Any estimates of your responsibility by this office are considered a guideline until the final insurance payment is received and the patient's account reconciled.

You will receive an explanation of benefits from your insurance carrier, which will show your responsibility amount owed. Payment in full is expected ten (10) business days after ARCK receives and processes the insurance explanation of benefits. A notice of the balance will be mailed to the address we have on file and the payment method you have chosen to place on file with us will be charged.

Any expense incurred by ARCK to collect on past due accounts will be added to the account including but not limited to collection agency fees, attorney fees and court cost. We will charge a \$30.00 insufficient funds fee to your account if your method of payment is rejected and/or our bank charges us a processing fee.

If your account is past due over 90 days your account will be blocked and you will receive no further treatment until the account is paid in full.

If you are unable to keep an appointment or complete it, there will be a \$50.00 charge on appointments not cancelled 24 business hours in advance. Please note our office closes at noon on Friday.

If we assist you with applying for a Co-Pay Assist Card through one of the drug companies or foundations you will be charged an initial and an annual administrative fee of \$35.00 and a convenience fee of 3% on all Co-Pay Assist Card transactions.

Authorization

I authorize ARCK to release any information including diagnosis and the records of any treatment or evaluation rendered to third party payers and or health practitioners. I authorize and request my insurance companies pay ARCK directly insurance benefits otherwise payable to me. I understand that my insurance may pay less than the actual bill for services. **I understand and agree that, (regardless of my insurance status) I am ultimately responsible for the balance on the account including service, and any additional charges as mentioned above that may be incurred. I have read and understand the information in this agreement.**

X _____

Patient/Guardian Signature

Date

DOB