



Payment Policy

Thank you for choosing First Care. We are committed to providing you with high quality, convenient, and affordable health care. We have developed this policy to answer our patients' questions regarding patient and insurance payment responsibilities for services rendered. Please read it, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

1. Insurance. We participate in most insurance plans, including Medicare. If you are not insured by a health insurance plan that will pay us directly, payment in full is expected at the time of each visit. We accept personal checks, cash, Master Card, Visa, and Discover. If you are insured by a plan that will pay us directly, but you don't have an up-to-date insurance card, payment in full for each visit is required until we may verify your coverage.

2. Co-payments, deductibles and non-covered medical services. All co-payments, deductibles and non-covered medical services must be paid for at the time of service. Your agreement to pay these expenses is a part of your contract with your insurance company. Failure on our part to collect these co-payments and deductibles would be a violation of our contract with your insurance company (and may be considered fraud). Please help us to both comply with our contracts and the law by paying your portion of these expenses at the time of each visit.

3. Non-covered services. We would like to take this opportunity to remind you that some of the medical services you receive may not be paid for by your insurance company or Medicare. Please plan to pay for these services when they are provided.

4. Proof of insurance. All patients are asked to complete our patient information form before seeing the doctor. We must obtain a copy of a photo I.D. and current insurance card in order to obtain proof of insurance. If you do not provide us with correct insurance information, you will be asked to pay for your medical services at the time the service is rendered.

5. Claims submission. We will submit your claims to your insurance carrier and otherwise assist you in any way we reasonably can in order for your medical services to be paid by your insurance company. Your insurance company may need for you to provide certain information directly to them. Your insurance policy is a contract between you and your insurance company.

6. Coverage changes. If your insurance coverage changes, please notify us prior to seeing the doctor so we may make the appropriate changes to our records and assist you in receiving your maximum benefits. If your insurance company does not pay your claim in 60 days, the balance will be billed to you.

7. Nonpayment. If your account is 60 days past due, you will receive a letter stating that you have 10 days to pay your account in full. Partial payments will not be accepted unless you call our business office at (870) 931-6472 in order to make other arrangements. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you and your immediate family members may be discharged from this practice. If discharge is to occur, you will be notified by certified mail that you have 30 days to find alternative medical care. During that 30-day period, our physician will only be able to treat you on an emergency basis.

Our practice is committed to providing high quality, convenient, and affordable health care to our patients. Our fees are representative of the usual and customary charges for medical services in our area.

Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.

I have read and understand the payment policy and agree to abide by its guidelines:

Signature of Patient or Responsible Party

Date