

OZARK SURGICAL ASSOCIATES, LLC
3017 Bob Younkin Drive, Ste 101
Fayetteville, AR 72703

OUR FINANCIAL POLICY

Please READ and sign below

The physicians and staff at Ozark Surgical Associates thank you for choosing us for your healthcare 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 review our financial policy below carefully. Thank you for your cooperation.

If you have any questions regarding our policy or about a bill, a Patient Account Representative will be happy to speak with you. Please call (479) 521-1484.

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, 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 deductibles/ or balances at the time of service or prior to surgery if necessary.

Medicare requires you pay a deductible per calendar year. We may 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 services.

YOUR ACCOUNT

For your convenience, we accept cash, debit cards, checks, Visa, MasterCard, Discover, CareCredit and American Express. We will accept post-dated checks. At the time of check-in, we will collect any balances due. Any account over 120 days past due will be turned to an outside collection agency. Once the collection agency receives your information, your past due debt is no longer in our office. 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 Ozark Surgical Associates, LLC.
I hereby understand that the surgeon's fee is separate from the facility and anesthesia fees.**

Patient Name: _____

Signature of Responsible Party: _____ Date: _____