



# AUSTIN REGIONAL CLINIC

Accessible • Reliable • Convenient

## Patient Financial Policy

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*Please review the information below, and let us know if you have any questions.*

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The Physicians and staff at Austin Regional Clinic (ARC) thank you for choosing us for your health care 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 carefully review our financial policy below. Thank you for your cooperation.

If you have any questions or concerns about our policy or about your bill, a Patient Accounts Representative will be happy to speak to you. Please call toll-free **512-407-8686** (*Monday thru Friday 7:30am – 9:00pm, Saturday thru Sunday 8:00am – 5:00pm*) or e-mail **BillingQuestion@AustinRegionalClinic.com**.

### **Health Plans**

ARC participates with many health plans and managed care programs. For a listing, please see the “insurance” section on our website ([www.AustinRegionalClinic.com/insurance](http://www.AustinRegionalClinic.com/insurance)). If you are a member of one of these plans, we will file claims for services rendered. Please be aware:

- It is your responsibility to determine whether ARC is listed as an in-network or out-of-network provider under your health plan.
- If you are scheduling an appointment with one of our primary care providers (PCP) and your insurance card lists a non-ARC PCP, you may be subject to an additional out-of-pocket expense.
- For assistance, contact your health plan’s Member Services department or ARC-INFO at 512-272-4636.

### **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.
- Scanned copies of your insurance card(s) and license are kept as part of your record.
- It is your responsibility to notify our office of any patient information changes such as address, name, telephone number, or insurance information.

## **Payments**

Co-payments and outstanding balances are due at check-in unless other payment arrangements have been made in advance. Payment will include known co-payments, deductibles, and coinsurance due for this visit. It is our policy to collect co-payments when you arrive for your appointment. Please be aware:

- While we may estimate your financial responsibility, it is your insurance company that ultimately determines your benefits.
- We accept cash, checks or credit cards.
- No post-dated checks will be accepted.

## **Responsibility for Services**

While it can be ARC's responsibility to arrange for a referral or pre-authorization of services when required by your health plan, this can only be accomplished accurately when we have the correct information for your health plan(s). Please be aware:

- Keeping us updated on health plan changes is your responsibility.
- Certain procedures or services may not be covered, or may be considered "not medically necessary", "experimental" or "cosmetic" by your health plan. You are responsible for payment of these services.
- Some health plans limit preventive ("well") services. If your care exceeds a plan limitation, you will be responsible for payment.
- Additional charges may be incurred if, during the course of a physical exam or well child check, the provider addresses another health concern.
- Obstetrical and surgical patients will be asked to pre-pay co-pays, deductibles, and coinsurance.
- Patients receiving cosmetic services, weight management care, or hearing aids will be responsible for paying in full before receiving services.
- In addition to applicable co-pays, patients receiving After Hours services may be responsible for an additional \$30 After Hours Clinic fee.
- It is your responsibility to know or confirm if any service, procedure, medication, or supply is a covered benefit under your current health plan. You will sign an agreement at your initial visit that you will be responsible for all charges which are not a covered benefit.
- Patients seen in ambulatory surgical centers and hospital facilities will receive separate bills from the facility and other physicians who provide care. Examples include pre-admission tests, facility charges, anesthesiology services, and pathology services.

## **Minor Patients**

For minor patients, the adult accompanying the patient will be responsible for payment due at the time of service. A signed release to treat may be required for unaccompanied minors.

## **Cash Discounts**

As a courtesy, cash discounts are offered on most services to uninsured patients who pay in full at the time of service or by the "Due Date" on the first billing statement received. Please be aware:

- Some services such as weight management products, entertainment sonograms, the After Hours Clinic convenience fee, and custom ordered orthotic products are not discounted.
- ARC does not recognize purchased discount card plan arrangements.

## **Payment Plans**

We understand that healthcare expenses may be a financial burden. We are willing to work with you to establish a reasonable payment plan. ARC will document approved payment plans in writing.

## **Charity Care**

Upon presentation, and subsequent confirmation, of indigent status by a charitable program that ARC recognizes, ARC will write off qualifying patient responsible balances. Please be aware:

- When payment is received from your health plan, the Explanation of Benefits or Payments is reconciled and you will receive a statement for any unpaid allowed amounts deemed to be your responsibility in accordance with industry standards and health plan contractual terms.
- Payment is due upon receipt of the statement.

## **Returned Checks**

If a check is returned for insufficient funds or closed account, or payment is stopped, your account will be charged a \$25 fee. This fee applies to payments made at our front desk or mailed to the Billing Office. Patients who do not reconcile their account will no longer have the option to pay by check.

## **Past Due Accounts**

If your account becomes past due, we will take necessary steps to collect this debt. Referral to a collection agency may adversely impact your credit record. Accounts turned over to collection agencies may also result in you being dismissed as a patient from ARC for non-payment.

## **Questions or Concerns**

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Thank you for reviewing our financial policy. We appreciate you choosing Austin Regional Clinic and look forward to serving you and your family.

Allergy & Asthma  
Audiology  
Cardiology (ARC/SHI)  
Dermatology

Ear, Nose & Throat  
Electrodiagnostic  
Medicine  
Endocrinology

Extensivist Medicine  
Family Medicine  
Reproductive  
Medicine

Gastroenterology  
General Surgery  
Hospital Medicine  
Internal Medicine

Obstetrics/Gynecology  
Orthopedics  
Pediatrics  
Physical Therapy

Podiatry  
Rheumatology  
Same-Day Care  
(ARC Access)