



Arlington Physicians

Financial Policy

Arlington Physicians, P.A. (“APPA”) recognizes the need for a clear understating between patient and medical providers regarding financial arrangements for healthcare. The following information is provided to avoid any misunderstanding concerning payment for professional services.

1. **Payment:** Payment is expected at the time of service. If your deductible has not been met, or a percentage is your responsibility, we expect payment when services are rendered. Even though insurance will be filed if you have an HMO or PPO plan, you are responsible for any balance after insurance processes your claim. Any balance remaining after insurance processes claim is due immediately. Accounts not paid in full may be referred to an outside collection agency.
2. **Self Payment:** If you have no insurance coverage or are underinsured we offer a reduced price for services and vaccines, to be paid in full when services are rendered. We must be notified before you see the doctor if you will need the discount. The discount is only applied if you do not have a balance and it must be paid in full at the time of service. State funded vaccines are available at a discounted price with proper paperwork.
3. **Managed Care:** All managed care (HMO, PPO, etc) co-payment amounts are due at the time of service. By signing below, the patient acknowledges that it is the patient’s responsibility to be aware of what services are covered and agrees to pay for any service deemed to be non covered or not authorized by the plan.
4. **Children of Divorced Parents:** The parent or guardian who brings the child for any visits is the responsible party. Responsibility for payment for treatment of minor children, whose parents are divorced, rests with the parent who seeks the treatment. This parent is required to pay for services rendered regardless of what a divorce decree may state. Any court ordered responsibility judgment must be determined between the individuals involved, without the inclusion of APPA.
5. **Returned Checks:** There will be a \$30 charge for returned checks.
6. **No Show:** There will be a \$25 to \$100 charge, depending on physician, for not showing up to an appointment or calling to cancel after the appointment has already been missed.

APPA firmly believes that a good patient/physician relationship is based upon understanding and open communications. It is our hope that the above policies will allow us to provide that highest quality care to our patients. If you have any questions or need clarification regarding these policies please call us at (817) 274-1999.

Patient Name (Please Print)

Patient’s Date of Birth

Signature (**Insured Guardian**)

Date