

Financial Policy

Thank you for choosing Arkansas Pediatric Clinic as your child's healthcare provider. We are dedicated to delivering compassionate, high-quality care to every child and their family. Timely payment of your bill helps us maintain this commitment. Please review, sign, and return our Financial Policy before your treatment begins. A copy of this policy is available upon request.

Insurance: We accept most insurance plans and will file your insurance claims provided you supply a current copy of your insurance card and accurate information at each visit. You are responsible for any balance remaining after insurance contributions, which is due within 21 days of the statement date.

Copayments: Copayments are required at the time of service as part of your agreement with your insurance provider. Failure to make copayments at the time of service may be reported to your insurance for further action. Note: Patients with Medicaid as secondary insurance must still cover any primary insurance copayments, as Medicaid does not cover these.

Proof of Insurance: All patients must complete our patient information form and provide a copy of a valid driver's license and insurance card to verify insurance.

Claims Submission: We will submit your insurance claims and assist you as much as possible to secure payment. Your insurance may request additional information from you directly, and it is your responsibility to provide this. Ultimately, the balance of your account is your responsibility, regardless of insurance payment.

Coverage Changes: Please inform us of any insurance changes before your next visit to ensure you receive your full benefits. If your insurance does not pay within 45 days, the balance will be billed to you.

Nonpayment: Balances are due within 21 days of the statement. If unpaid, reminders will be sent at timely intervals. Failure to settle your account or contact our office for payment arrangements will lead to referral to a collection agency and possible dismissal from the clinic. We offer a 90-day credit period, during which you must pay one-third of your balance or make alternative arrangements with our business office.

Payment Methods: We accept all major credit cards, debit cards, cash, checks, and money orders. Credit card payments can also be made over the phone. Returned checks will incur a \$25 processing fee and may be referred to a third-party collection agency.

Please download the PDF version of our Financial Policy for your records and familiarize yourself with these guidelines to ensure a smooth experience at Arkansas Pediatric Clinic.

Referrals

If your physician recommends that your child see a specialist, we have referral staff to help with those arrangements. It is very important that we have correct contact information so that we may reach you concerning these appointments.

Sick Appointments

Sick appointments can be made prior to or on the day of the office visit by calling (501) 664-4117. Our clinic phones are open starting at 8:00 AM, Monday through Friday, and 8:00 AM on Saturday morning. We do not routinely schedule well-child appointments on Saturday.

Phone Calls

Arkansas Pediatric Clinic strives to answer all phone calls during normal business hours. We typically return messages received before 3:00 PM on the same day, depending on call volume. If you can't reach us by phone, the quickest way to get a response is by sending a message through the patient portal. For prescription refill requests, please leave a message for our phone nurse or use the patient portal. Remember to include your child's full name, date of birth, and accurate contact information in your message.

No-Show Policy

A "no-show" occurs when a patient misses a scheduled appointment without canceling or rescheduling in advance.

Exception: Saturday sick clinic appointments are generally not scheduled greater than 24 hours in advance, therefore these are not included in this policy. If a patient is late or does not show up for a scheduled Saturday sick clinic visit, depending on the volume of patients in the clinic, they may be refused care and will need to reschedule during the normal business week.

Appointment Confirmation:

- We will send appointment reminders via email, text message, or phone call.
- Patients are encouraged to confirm their appointments promptly.
- If you need to cancel or reschedule, please notify us at least 24 hours in advance.

Three Strikes Rule:

- After three no-shows within a year, patients may face limitations on future appointments to include dismissal from the clinic.
- We value our patients and want to maintain a positive relationship, but consistent no-shows affect our ability to serve everyone effectively.

Late Policy

A “late-cancel” is an appointment canceled and/or rescheduled within a short time frame of the scheduled appointment, making the appointment slot unusable to schedule eligible patients. Any appointment canceled within a 24-hour timeframe may be subject to the same fee we would charge a no-show.

Late Arrivals:

- If a patient arrives more than 15 minutes late for their appointment, it may be considered a no-show.
- We will do our best to accommodate late arrivals, but it may impact the duration of the visit.

Please ensure you arrive on time for your appointment. We recommend allowing extra travel time for unforeseen circumstances like traffic, aiming to be at least 15 minutes early. If you are a new patient and haven't filled out the online forms yet, please arrive 30 minutes early. If you arrive more than a few minutes late, we may need to reschedule your appointment, depending on our schedule at the time.