



ARS Medical, PLLC. dba ARS Medical Primary Care Payment Policy

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MEDICAL CLINIC PAYMENT POLICY

Effective Date:03/08/2024

I. Introduction

A. Purpose

This policy outlines the payment procedures and expectations for patients receiving services at ARS Medical, PLLC. dba ARS Medical Primary Care

B. Our Commitment

We are committed to providing quality healthcare services, and to ensure the sustainability of our clinic, it is essential to maintain clear payment policies.

II. Patient Payment Responsibilities

A. Insurance Information

Patients are responsible for providing accurate and up-to-date insurance information at each visit.

It is the patient's responsibility to verify coverage, co-pays, deductibles, and any out-of-pocket expenses with their insurance provider.

B. Co-Payments and Deductibles

Co-payments and deductibles are due at the time of service.

Failure to pay co-payments and deductibles may result in rescheduling or refusal of service.



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C. Uninsured Patients

Uninsured patients are required to pay for services at the time of the appointment prior to the start of visit in full.

D. Self-Pay Patients

Patients without insurance coverage are considered self-pay. Payment is due at the time of service.

III. Billing and Statements

A. Billing Cycle

Statements will be generated and sent to patients on a regular billing cycle. Payments are due upon receipt of the statement.

B. Payment Options

We accept various forms of payment, including Insurance, HSA, cash, credit cards, and electronic funds transfer.

C. Late Payments

A late fee may be applied to accounts with overdue balances of \$25.00.

IV. Collections

A. Delinquent Accounts

Accounts with outstanding balances may be referred to a collection agency. The patient is responsible for any additional fees incurred during the collections process.

B. Communication



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If you are unable to pay your bill or have concerns about your account, please contact our billing department as soon as possible to discuss possible solutions.

V. Patient Education and Assistance

Our clinic is committed to providing information and assistance to help patients understand their financial responsibilities and explore available resources for financial assistance.

VI. Changes to Payment Policy

We reserve the right to update and modify this payment policy. Any changes will be communicated to patients through various channels, including our website and posted notices within the clinic.

VII. Contact Information

For questions or concerns about the Medical Clinic Payment Policy, please contact:

ARS Medical, PLLC. dba ARS Medical Primary Care

8824 E Bellhaven Blvd Charlotte, NC 28214
(704) 595-3742

info@arsmedicalpllc.com

Your signature below indicates that you have read, understand, agree and will abide by this policy.

Signature _____

Print _____

Date _____