



## BILLING / CHARGES POLICY

### **IMPORTANT: READ CAREFULLY BEFORE SIGNING POLICY**

*Pat Walker Health Center strives to provide affordable and convenient medical services for the University of Arkansas community.*

**Patients are financially responsible for the cost of medical services performed** (including office visits, laboratory tests, out-patient treatment, etc.), as well as missed appointments or appointments not canceled according to the health center's cancellation policy.

### **INSURANCE BILLING**

Pat Walker Health Center can file claims with most health insurance plans, as long as proper information is submitted. If you do not want to file with your insurance provider, let the front desk know at the time of your appointment. **Note: You cannot change your billing option at a later time.**

**IMPORTANT:** Your **insurance provider may determine** some, or all of the **charges** incurred, **are not covered** by your policy or should be applied to your deductible. These charges will then be the responsibility of the patient.

### **SELF-PAY BILLING**

Patients who do not have insurance, or choose not to file with insurance, will receive a self-pay discount. **Note: You cannot change your billing option at a later time.**

### **PAYMENT OPTIONS**

The health center cashier accepts payment by cash, check, RazorBucks, VISA, MasterCard, American Express or Discover.

**Charges can also be applied to your UAConnect account.** *To maintain patient privacy, charges are listed on your UAConnect account as "On Campus Services," with a different date than that of service(s) performed.*

**Please read carefully and sign the back of this page. When you are finished, please provide your signed Billing / Charges Policy to the front desk.**

**Questions about billing, charges or insurance? Contact [pwhc@uark.edu](mailto:pwhc@uark.edu) or front desk.**



## There are charges associated with a visit to the Pat Walker Health Center

### Office Visits

Office visit charges are billed to your insurance carrier unless you tell us not to at the time of service. You are responsible for your co-payment as designated by your insurance carrier.

### Tests and Treatments

There are charges for all medications, supplies and procedures used to diagnose and treat illnesses and injuries. These include but are not limited to:

- Allergy shots
- Immunizations
- IV therapy
- Laboratory tests
- Orthopedic supplies (casts, splints, and crutches)
- Wound care supplies
- X-rays

\*Patients presenting laboratory orders from providers outside PWHC will incur a \$20 charge for each visit.

### Missed Appointments and Late Cancellations

Charges apply for missed appointments or appointments not canceled at least two (2) hours in advance for all medical clinics.

### Insurance and Billing

You are financially responsible for all charges incurred during each visit, whether covered by insurance or not. PWHC can file claims with most health insurance plans. By giving us your insurance information, you authorize PWHC to file a claim with (send a bill) your insurance company for services rendered. If you do not want PWHC to do so, you must let us know at the time of your appointment.

Your insurance company may determine that some or all of the charges incurred at PWHC are not covered by your policy or should be applied to your deductible.

Your insurance company may require a referral to PWHC for services not rendered by your primary care provider. It is your responsibility to contact your primary care provider to obtain this referral. You are responsible to learn what your insurance covers.

If you do not have health insurance and cannot pay at the time of service, or if your health insurance does not pay for any part of your charges, PWHC will post the amount due to your UAConnect account. Patients who do not have insurance (or choose not to use their insurance at PWHC) will receive a self-pay discount. If you declare/request self-pay at the time of your visit, you cannot change to insurance billing at a later time.

*For more information: stop by the PWHC first floor check-in desk or call 479-575-4075*

By signing this form, you acknowledge the following:

- I have read and understand the PWHC Charges Policy.
- I understand I am financially responsible to pay for all services I receive, whether covered by insurance or not.
- I authorize PWHC to submit a claim (send a bill) to my health insurance company for services rendered and for consideration of payment.
- I understand if I do not want PWHC to bill my insurance company, I must notify PWHC on the day of service.
- I understand it is my responsibility to know the details of my insurance coverage.
- I understand PWHC may amend this policy periodically; and I can find the most updated policy at myhealth.uark.edu.

Printed Name: \_\_\_\_\_ University ID: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_