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Patient Financial Policy

Arete Family Care, LLC (AFC) is committed to providing high-quality care that aligns mind, body, and spirit to all patients. We also feel it is important for our patients to understand that any care they receive is a result of a mutually agreeable, voluntary service. It can be terminated at any time by either party. To effectively bill and collect charges incurred, we require all patients to read and sign the following financial policy.

**We accept cash, checks, and all major credit cards. Your bill can include office visits, procedures performed, lab work, or other charges related to your care. **

Insurance. As a courtesy to our patients, Arete Family Care will bill most U.S. health plans. Deductibles, co-pays, and/or coinsurance will be collected in full at the time of service. The amount due at the time of the visit depends on your insurance plan. Please be aware that your insurance may need you to supply information directly from you for claims to be paid. It is your responsibility to comply with their request, failure to do so can cause a denial and full patient responsibility.

Proof of insurance. On arrival, we will verify your current insurance at every visit. If you are unable to provide correct insurance information in a timely manner, you may be responsible for the claim's balance. You are responsible to pay any charges denied by your insurance because of missing/inaccurate information.

Uninsured patients. If you do not have insurance, payment in full is expected at the time of service. We require partial payment before the appointment with a provider (this will be applied to the visit), and the remaining balance will be collected at the end of the visit. There is a time-of-service discount of 10% that will be applied. Due to the high cost of drugs, vaccinations, lab reagents, and other injectables/implants, the 10% paid-in-full discount will not be applied to these services.

Non-covered services. Any care not paid for by your existing insurance coverage will be your responsibility upon notice of insurance claim denial. We do not routinely research whether a service is covered, so it is up to you, the patient, to contact your insurance carrier or employer to determine coverage information.

Nonpayment. Payment for services received is the responsibility of the patient or guarantor, regardless of insurance status. Balances are due within **30 days** of the first statement. Accounts past **60 days** are considered delinquent. Accounts past **90 days (about 3 months)** are subject to review as well the account being sent to our collection agency, Cornerstone Credit Services, and/or subject to patient dismissal from AFC.

Payment Plans. If you are unable to make payment in full, payment plans are available. Payment plans consist of a term rate of no greater than 1 year. If new services are incurred, recurring payments must be adjusted to reflect the new balance.

Missed appointments. Any appointments not canceled within 24-hours prior of scheduled time; OR arrives more than **10 minutes** late will be considered a "no-show". Patients who no-show 3 times within a 12-month period could be dismissed from the practice. Please help us serve you better by keeping your regularly scheduled appointments.

Returned checks. There is a \$25 charge for all returned checks. After the first returned check, we will only accept credit/debit, cash, and money orders.

Printed Name:

Signature:

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