



2751 De Barr Road, Ste 280
Anchorage, AK. 99508
907-222-1401

Patient Notice of Billing Practices

Payment for medical services provided by AKCRS is expected at the time of service. We accept the following:

- Cash, Personal Checks, Money Orders and the following credit card types – Visa, MasterCard, Discover, CareCredit, Debit
- Insurance is billed as a courtesy to our patient. Deductibles and Co-Pays are due at time of service.

Private Insurance

We are now preferred with ALL major insurances!

Office Visits: We bill only the primary insurance on office visits. We collect in full at the time of service for patients that have not met their deductible. Patients who have already satisfied their yearly deductible are expected to pay the coinsurance percentage of their office visit charges. We allow 30 days for insurance to pay on new claims. If a patient's insurance does not pay, or pays less than the full amount billed, we balance bill the patient.

Patients with secondary insurance will be given a copy of their superbill to send to their secondary insurance carrier for reimbursement.

Surgery: We bill primary and secondary insurances on all surgical procedures, performed at one of the hospitals. We allow 30 days for the primary insurance to pay and 30 days for the secondary insurance to pay. If either insurance company does not pay, in the designated time frame, we balance bill the patient. It is beneficial for both parties to work together in resolving balances so that they remain current. We collect any applicable co-pays/deductibles, prior to surgery during a pre-op appointment with our surgery scheduler.

Medicare/Medicaid

We are currently accepting a limited number of new Medicare and Medicaid patients yearly. If you have this insurance type and there is a co-pay due, this will be collected at the time of service.

Our preference is always to work directly with our patient on balances that are due; however, any balances that remain unpaid may be forwarded to Cornerstone Collection Agency to facilitate payment arrangements on this debt. Cornerstone does assess additional charges to your balance owed.

I have read the above payment options and understand my financial responsibility to AKCRS. I understand that if I have additional questions, I may speak with a billing representative, prior to my appointment.

Patient or Guardian Signature

Date Signed