

Insurance Information

Financial Arrangements

Prior to or at the time of admission, you will have the opportunity to review your insurance coverage. Whenever possible, AMMC will bill your insurance company directly, provided your benefits have been verified and you have completed the necessary forms assigning benefits to the hospital.

A Word About Insurance

- If you have Blue Cross, Medicaid, Medicare, group or private health insurance or Workers' Compensation coverage, you should bring your identification card and insurance form if necessary.
- Be sure to contact your insurance company as soon as your hospital stay is scheduled to verify coverage of services you expect to receive and to ensure that pre-admission and certification requirements are met.
- Many insurance programs require pre-admission certification, notice of admission, second surgical opinions, and treatment authorization. You should contact your health insurance representative to review your benefits prior to admission.
- For emergency admissions most insurance companies require notification by the subscriber as soon as possible.
- Managed Care (HMO) Subscribers - Please verify with Admissions that Arkansas Methodist Medical Center and your private physician participate with your health plan.

Financial Assistance

It is the established policy of Arkansas Methodist Medical Center to provide services on the sole basis of medical necessity as determined by the medical staff without reference to race, color, ethnic origin, creed, age, sex, handicap or the ability to pay for such services.

Arkansas Methodist Medical Center has a financial assistance program for uninsured patients. Please contact our office at (870) 239-7133 for additional information.

An application for town or state assistance can be initiated prior to admission, at the time of admission, or after discharge by contacting the Business Office at 870-239-7133.