



2793 E. Millennium Place, Ste. 1 • Fayetteville, AR 72703
(479) 582-9025 • (800) 300-9218

PAYMENT OPTIONS SHEET

We accept Visa, Mastercard, Discover and American Express

PAYMENT IN FULL IS EXPECTED AT TIME OF SERVICE

COPAYS:

DUE AT TIME OF SERVICE.

COINSURANCE:

AS A COURTESY, WE WILL FILE YOUR HEALTH INSURANCE. ONCE PAYMENT IS RECEIVED FROM YOUR INSURANCE, YOU WILL BE BILLED FOR ANY COINSURANCE THAT IS DUE. PAYMENT IN FULL IS EXPECTED WITHIN 30 DAYS. ANY BALANCE THAT IS CARRIED OVER TO THE NEXT BILLING CYCLE WILL INCUR A \$25 MONTHLY SERVICE FEE EACH MONTH UNTIL BALANCE IS PAID IN FULL.

AUTO ACCIDENT INSURANCE:

PAYMENT IN FULL IS DUE AT TIME OF SERVICES. AS A COURTESY, WE WILL FILE YOUR AUTO INSURANCE COVERAGE ONE TIME.

WORKMANS COMPENSATION:

WE WILL FILE ALL CLAIMS TO YOUR WORKERS COMPENSATION INSURANCE CARRIER AND COMPLY WITH WORK COMP GUIDELINES. IF IT IS FOUND THAT THE SERVICES ARE DENIED BY WORKERS COMPENSATION, ALL CHARGES WILL REVERT TO PATIENT RESPONSIBILITY AND PAYMENT IN FULL WILL BE DUE IMMEDIATELY UNLESS OTHER HEALTH INSURANCE COVERAGE IS SUPPLIED. THEN ACCOUNT WILL BE SUBJECT TO **COPAY AND COINSURANCE OPTIONS.** (SEE ABOVE.)

SURGICAL CHARGES:

AS A COURTESY, WE WILL FILE YOUR INSURANCE CARRIER FOR PAYMENT. PRIOR TO SURGERY, WE REQUIRE 100% OF ANY OUTSTANDING DEDUCTIBLE. WE WILL CALL YOUR INSURANCE COMPANY AND VERIFY REMAINING BALANCE DUE.

WE HAVE FINANCING OPTIONS AVAILABLE FOR OUTSTANDING BALANCES THROUGH **CARE CREDIT**. APPLICATIONS AND APPROVALS ARE COMPLETED ON THE SAME DAY WITHIN SECONDS.

WE ALSO ACCEPT **VISA, MASTERCARD, AMERICAN EXPRESS AND DISCOVER.**

IF YOUR ACCOUNT IS NOT PAID IN FULL WITHIN 30 DAYS, ANY AND ALL BALANCES REMAINING ON THE ACCOUNT WILL BE SUBJECT TO A \$25 MONTHLY SERVICE CHARGE. IF YOUR ACCOUNT IS NOT PAID IN FULL WITHIN 60 DAYS, IT COULD BE REFERRED TO A COLLECTION AGENCY AND ADDITIONAL EXPENSES WILL BE INCURRED TO INCLUDE 40% COLLECTION FEE AND COURT COSTS.

I have read, understand and agree to the Payment Options listed above. I have a copy of the Payment Options Sheet for my records.

Patient Signature

Date