

FINANCIAL AGREEMENT
HEATHMAN FAMILY DENTAL
MONTGOMERY HEATHMAN, DDS
12501 CANTRELL ROAD
LITTLE ROCK, AR 72223
501-223-3838

Our goal is to provide the highest quality of dental care possible and to have clear communication of our financial policy.

ALL ACCOUNTS ARE DUE AND PAYABLE **AT THE TIME** OF SERVICE. If a procedure requires multiple appointments, payment is required in full at the first appointment.

PAYMENT OPTIONS:

- CASH
- CHECK
- CREDIT CARD (VISA, MASTERCARD, DISCOVER, FLEX PLAN CARDS, DEBIT CARDS)
- CREDIT CARD AUTHORIZING RECURRING CHARGES:
 - TREATMENT EXCEEDS \$200.00
 - PLAN MAY NOT EXCEED 4 MONTHS WITHOUT A PRIOR APPROVAL

Patients with insurance: The patient is responsible for the estimated non-covered portion, procedures and / or deductibles at **THE TIME OF SERVICE**, or the patient can sign a credit card authorization to bill their credit card AFTER insurance has paid for the visit. If the insurance company does not pay after 60 days, we will bill you directly for the full amount.

PATIENTS NOT ACCOMPANYING THEIR CHILDREN to an appointment must make prior arrangements for payment (cash, check, or credit card). Parents accompanying their children are financially responsible for payment.

18% annual interest is charged for any unpaid balance. There is a \$30 processing fee for non-sufficient funds and/or returned checks.

Records can be viewed at any time. There is a nominal charge for release or copies of records.

Because instruments, chairs, and personnel are reserved for your appointment, there is a \$50 charge for rescheduled or broken appointments less than 48-hours notice in advance.

I _____ agree to these financial terms.

Printed name

Signature _____ Date _____