



\* 51677018w1376 Admin

**FINANCIAL POLICY**

It is the policy of OrthoArkansas, to collect payment in full at the time services are rendered. Prior to, or at the time services are rendered, we will quote you your financial responsibility based on your individual insurance coverage. While we make every attempt to be as accurate as possible, you may have a balance or credit due, depending on the service provided, and/or the adjudication process with your insurance carrier. We accept cash, check and most major credit cards. We also accept Care Credit which offers 0% interest financing for those who qualify. If you are interested in Care Credit, our staff would be happy to assist you. If you feel you may have a problem complying with this policy, please feel free to ask to speak with a financial counselor, and they will assist you in determining what resources may be available to you. Thanks again for choosing OrthoArkansas for your orthopedic care needs. We look forward to serving you.

**I UNDERSTAND THE ABOVE INFORMATION AND WILL BE RESPONSIBLE FOR THE PATIENT LISTED BELOW:**

Printed Name of Patient: \_\_\_\_\_ Account #: \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient or Responsible Party      Date