

Horizon Dental

We are committed to providing you with the best possible care.

If you have dental insurance, we will try to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our payment policy. Payment for services is due at the time services are rendered, unless our staff has approved payment arrangements in advance. WE accept cash, check, MasterCard, Visa, Discover, Care Credit and CitiHealth. Charges may also be incurred for broken appointments cancelled without 24 hour's notice.

Please Realize That:

1. Your insurance is a contract between you, your employer and the insurance company. We are not a party to the contract.
2. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select services they will cover.
3. Our fees are generally considered to fall within the "UCR" range. "UCR" is defined as usual, customary and reasonable fees for this region.

Insurances (If applicable):

I authorize the release of any information concerning my/or my child's healthcare, and treatment provided for the purpose of evaluation and administering claims for insurance benefits directly to the dentist and dental group otherwise payable to me. I am aware that no insurance company attempts to cover all dental cost and that the agreement of the insurance company to pay for my dental care is a contract between the insurance company and me. I understand that this office will file my insurance for me, and that my insurance benefits can only be estimated. If my insurance company does not respond to the submitted claim within 60 days, I understand that I become responsible for the balance in full (all estimated insurance payments as well as my estimated amount due). We accept the following insurances: Aetna, Cigna, Delta Dental, Medicaid, Metlife and United Concordia.

Signature: _____ Date: _____

Fees and Payments:

I agree to be responsible for payment of this account. All balances are due in full unless other payment arrangements have been made. If I am unable to pay my account, I will inform the business office before leaving, and make definite payment arrangements. All accounts 61 days old will be billed a finance charge in accordance with Arkansas law. Any account that payment has not been received within 60 day will be considered for collections by an outside agency. Should the dental care provider refer this account to an outside agency, the responsible party agrees to pay a collection fee and any unpaid balance.

Signature: _____ Date: _____