

Eric A. Arp, D.P.M.
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We have the following payment options for your convenience:

- 10% discount for payment in full today with cash or check
- 5% discount for payment in full today with credit card
- Payment plan as follows (3-6 months):

I agree to make payment of \$ _____ on the following dates:

until the balance is paid in full, for the treatment given by Dr. Eric Arp.
I understand this document is legal and binding.

Print Patient Name _____

Responsible Party Signature _____

Dated _____ Date(s) of Service _____

Witness Signature _____