



STATEMENT OF CONSENT FOR FINANCIAL RESPONSIBILITY

The primary goal of our practice is to provide the highest quality oral and systemic care in the most gentle, efficient and enthusiastic manner. We ask that all patients pay for their treatment in full on the day of the visit, unless prior arrangements have been made.

We will do our best to give you a rough estimate of your investment in your dental health for each upcoming visit, based on your individual treatment plan. You will be given a very close estimate of your next visit's total bill. We accept cash, check or credit card at the time of treatment. With a proper diagnosis and a timely treatment plan, most estimates we provide are accurate.

Outstanding balances on your account are discouraged, and must be cleared before the next appointment for any account member or within 30 days of treatment, whichever comes first. Appointments for non-emergency treatment may need to be postponed pending payment of outstanding balances. Amount due and not paid in full within 60 days may be charged interest at a rate of 1.5% per month in addition to a \$5.00 monthly billing fee per statement.

Delinquent balances over 90 days old may be referred to a third party collection agency and may inadvertently affect your credit bureau rating. All referred accounts are marked "Inactive". In order to have your account "Reactivated", and continue to receive dental treatment in our office, the delinquent balance plus a "Reactivation Fee" of \$20.00 per patient will be charged to your account. Only after this total account balance has been paid in full can appointments be made and your account and patient status be reactivated.

A returned check fee of \$35.00 (subject to change as bank fees increase) will be added to your account for any returned check. Before we accept another payment by check, the \$35.00 fee plus full payment for the check that did not clear must be paid in cash, or by VISA, MasterCard, or Discover.

Your dental appointments are scheduled carefully. Time, trained personnel and dental equipment are reserved for each procedure. Missed appointments add to the cost of dental care when reserved facilities are left waiting empty. We request 24 hours advance notice for rescheduling your appointment. Your account will be assessed a minimum fee of \$50.00 for each hour you reserved with our provider. Repeatedly missing appointments without proper notification may result in the termination of our patient provider relationship.

I understand and acknowledge that I am financially responsible for the services provided for myself and/or the above named regardless of insurance coverage. I have had the office financial policy explained to me and understand the guidelines of that policy.

Patient's Name

Signature of Responsible Person

Date