

WELCOME!

Thank you choosing our dental healthcare team.

We will strive to provide with the best possible dental care.

To help us meet all your dental healthcare needs, please read this form completely.

If you have any questions or need assistance, please ask us. We will be happy to help.

- Cancellation fees.  
All our time is reserved exclusively for you. If you will not be able to attend the appointment, please notify us at least 24h before scheduled time. Otherwise you account will be charge in the amount of \$50.00
- Co-payment  
Co-payment is expected to be paid by patient at the time of the service, if you have dental insurance (depending on your policy benefits and coverage)
- Prosthetic Services  
Payment is expected in full before delivery of your prosthetic work. Upon your first scheduled appointment the down payment will be charged in the amount od 50% of the fee.
- Returned Check Fee  
There will be a charge to your account in the amount of \$35.00 for any returned check resulting in insufficient funds.
- Collection Policy  
If the amount due is not paid within 60 days of the last statement, or other arrangements has not been made, your account will be forwarded to collection agency. Your account will be charged additional 35% of amount due to cover reasonable collection fees and reasonable attorney fees.
- All X-rays, paperwork documentation, and electronic documentation is a legal property of our office. Patient has the right to receive copies f such document upon additional fee. Electronic x-rays can be forwarded to secured patient's email address or another dental provider upon written request.

I agree to pay reasonable attorney fees and collection fees if my account is placed for collection.

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Signature Patient, Parent, Guardian or Personal Representative

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Date