Rick McKenzie, D.D.S., P.C.
Family Dentistry
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FINANCIAL ARRANGEMENTS

Please read the following

Payment is due at the time services are rendered. All major credit cards, cash, and personal checks are accepted. If an extended payment plan is desired, please ask us about financing programs available. If you have any questions, please do not hesitate to ask.

I understand and agree that all services rendered me, my dependants, or others assigned by me to my account are charged directly to me. I further understand I am personally responsible for payment. If I suspend or terminate care and treatment any fees for services rendered will be immediately due and payable. Should the fees for the professional services not be paid in accordance with the provisions herein, reasonable attorney's fees, plus applicable finance charges and disbursements, allowances and costs provided by law shall be included in the computation of the amount due. A finance charge of 8% will be applied to all past due amounts. If the account is in default and turned over for collection, a collection fee of $25.00 will be added.

If you have dental insurance

As a courtesy, we will file your claim on your behalf. It is your responsibility to provide us with correct insurance information. We will estimate your deductible and any portion not covered by your insurance and that amount will be due at the time services are rendered. Our estimates may differ from your insurance company's calculations; therefore, the amount due our office may be adjusted accordingly after an insurance payment is received. Any insurance claims that remain unpaid after 60 days will then become due and payable by you.

By signing below, I acknowledge that all services rendered will be charged directly to me and I am ultimately responsible for my account regardless of my insurance coverage.

_____

Print Name

Signature _____

Date _____