

SEDONA DENTAL ARTS, LLC

Patient Payment Agreement

Full payment is expected as services are performed unless prior financial arrangements are made. We accept cash, check and credit card. We are happy to discuss financial options that might allow us to work together for the benefit of your dental health.

I acknowledge all responsibility for payment of services performed whether or not paid by insurance. I understand that an account without any payment for 60 days will be considered delinquent and may be referred to a collection agency, in which case I agree to pay all costs of collection and reasonable attorney's fees. If I am making payments on my account and my balance extends beyond 90 days, I agree to pay interest at 1 1/2 % per month or 18% annually.

Signature of Patient or Responsible Party

Date

As a courtesy to our patients with dental insurance, we will submit charges to dental insurance companies and wait for up to 2 months for reimbursement. Unless other arrangements are made, payment of the yearly deductible and an estimate of the patient's portion of the bill is expected as services are performed. Information obtained from insurance companies on behalf of our patients is not a guarantee of an insurance company's payment.

I hereby authorize any current and any future dental insurance benefits be paid directly to Sedona Dental Arts, LLC for services rendered. I give permission for Sedona Dental Arts, LLC to disclose whatever information is required by my insurance company in order to determine benefits and to receive payment on my claims.

Signature of Patient or Responsible Party

Date

Printed Name