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Shallowford Family
DENTAL GROUP

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 dependents, 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. Finance charges can be applied to all past due amounts at the rate of 1.596 per month (18% annual rate). If the account is in default and turned over for collection, a collection fee will be added.

If you have dental insurance

As a courtesy, we accept payment from most insurance companies and will file your claim on your behalf. 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 45 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 & Dates