

Romney R. Black D.D.S.
6575 So. Redwood Road #275
Salt Lake City, Utah 84123

FINANCIAL AGREEMENT

To our valued patients:

In order to keep our fees as low as possible, we have implemented the following policies.

If the patient does not have dental insurance, payment in full is expected on the day of service unless other arrangements have been previously made.

If the patient does have dental insurance, the responsible party will pay the estimated portion, and deductible on the day of service; the insurance will be billed as a courtesy, however, please be aware if the insurance does not pay within 60 days, payment in full is expected from the responsible party. A service charge of 1 ½% per month (18% per annum) on the unpaid balance will be assessed on all accounts exceeding ninety (90) days from the date of service unless previously written financial arrangements are made.

Because there are so many different insurance plans, we ask that you take the time to know your insurance benefits. The fees quoted in our office are only estimates. Please understand that insurance companies pay on their own fee schedules and the fee's charged by the Doctor are the actual fees. Some procedures are not covered by insurance; I understand that I am responsible for anything that my insurance does not cover. I understand that the Doctor will be using white filling material, some insurance companies will reduce the fee to silver filling rate. It is my responsibility to pay the difference if any between the two.

Upon examination the Doctor will prepare a treatment plan. The treatment plan is only an estimate of the dental care required and should not be construed as a statement of actual charges.

There will be a \$25.00 returned check fee assessed to your account on all returned checks. If the account is referred to an outside collection agency the responsible party agrees to pay all attorney fees and court costs associated with collecting payment for services rendered. Collection fees of 40% are added to the account when it is turned over to the collection agency.

I have read and understand the above policy and agree to abide by them.

Signature

Date