

ROBERT G. FUTRELL, D.D.S.

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ELECTION OF PAYMENT METHODS AND BROKEN APPOINTMENT POLICY

The following options are available to you for payment of your dental treatment. In order to reduce any possible misunderstandings, we ask that you indicate which method of payment you prefer to use in handling your account.

I, _____ choose to pay my account as indicated below:

_____ cash or check at TIME OF SERVICE

_____ credit card (MasterCard, visa, check card) AT TIME OF SERVICE

_____ insurance, please file a claim on my behalf with my insurance carrier. I understand that this is a service provided for my convenience and that any charges not covered by my insurance are my responsibility, and are due AT THE TIME OF SERVICE.

THE PATIENT IS RESPONSIBLE FOR KNOWING THEIR FULL INSURANCE BENEFITS

I understand that if my account is more than 60 days overdue it will be handled in a legal manner. I will be responsible for the balance due plus interest of 1.5% monthly (18% per year), collection agency fees up to 33%, reasonable attorney fees, and all court costs.

The Doctor has set this appointment time aside exclusively for you. Your time and the Doctors time are both valuable. If for any reason you are unable to keep your appointment, a 48-hour notice must be given to avoid a \$100.00 per hour broken appointment fee. It is your responsibility if you are unable to keep your appointment to notify our office. We will make the best effort to contact you with the information you have provided.

Signature _____

Date _____

This is to notify all patients that we are now an amalgam (silver) free office. Effective August 4, 2005 all filling restorations and build-ups will be restored with composite resin (tooth colored) fillings.

Most insurance companies will allow the amalgam benefit for these composite restorations; therefore your co-insurance will be a little higher for these procedures. If you have any questions please contact your insurance company.

Please sign and date below to acknowledge receipt.

Signature _____

Date _____