UNIVERSITY SQUARE DENTAL ASSOC.

Insurance Co. Phone #_____

Whom May We Reach in Case of Emergency?_____
Relationship to You? _____
Phone #_____

Practice Policy:

It is our policy that fees are paid at the time of treatment, unless insurance will cover a portion of your account. We will submit a claim form for you, provided we are given the information needed to file a claim. We will allow your insurance company 60 days to remit payment, after that time it is your responsibility to make payment in full. Our patients are responsible for any charges generated in our office. If you need to set up a payment plan for cash services, please let us know before treatment. If you wish to be billed, payment must be received in full within 60 days or a FINANCE CHARGE will be added at a periodic rate of 1.5% per month or a minimum of $3.00 for bills under $100.00, for an annual rate of 18%. In case of default of payment, you will be responsible for payment of any legal interest on the balance due, together with any collection costs and reasonable attorney fees incurred to effect collection on this account.

Signature:_____

Date: _____