

Davidson Family Dental
2624 Commercial Way, Ste C
Rock Springs, WY 82901
307-362-4005

I have received, read and understood your Notices of Privacy Practices and understand the uses and disclosures of my health information.	
Relationship to patient	<input type="checkbox"/> Parent / <input type="checkbox"/> Guardian <input type="checkbox"/>
Signature: _____	Date: _____
Date Attempted: _____	Office Use Only

PATIENT FINANCIAL RESPONSIBILITY FORM

Patient's name:

Payment Options:

1. Cash
2. Checks & Money orders
3. Mastercard or Visa

Our insurance estimates are based on information provided to us by your insurance carrier, they are in no way a guarantee that services will be covered. Our office is happy to bill your insurance company for you and accept assignment of benefits, but the entire bill ultimately remains the patient's responsibility. It is up to the patient to resolve any conflicts with their insurance company. If the patient is a minor, THE CUSTODIAL PARENT IS LEGALLY LIABLE FOR ANY BILLS INCURRED AT THIS OFFICE.

The estimated patient portion of services rendered is expected on the date of service. We require at least half of the estimated patient portion for dentures, crowns, bridge, and any other appliances are paid on the start date of that procedure. The remaining half of the estimated patient portion is required upon the placement or delivery date.

Finances charges will be applied to any outstanding balance at a rate of 1.80% per month (annual percentage rate of 21.6%).

I understand that I am responsible for all debts incurred. If my account is assigned to a collection agency, I understand that I am responsible for all attorney fees, court costs or delinquency fees that may be incurred during the collection of my debt. I understand that the delinquency fee will be equal to 50% of the principal amount owed.

Any credits not requested within 2 years will be adjusted to a zero balance and retained by Davidson Family Dental due to additional accounting and billing.

Responsible party signature

Date