

Practice Information and Patient/Guarantor Responsibilities

Welcome to our practice:

From the moment you walk through our door you will notice that our goal is to make you feel at home in our pleasant, relaxed atmosphere. Our friendly staff will take special care to make certain that you are comfortable and well cared for.

We provide advanced dental care, and have dedicated our practice to excellence in painless dentistry. Your dental health is of the utmost importance to us. To this end we will educate and counsel you on all procedures that you may require.

Our staff is prepared to help train our young patients in preventive dental care and proper hygiene.

We look forward to a long term professional relationship with people such as you; to this end we have prepared the following so that you know what is expected of you, and we welcome you to our practice.

Payment Responsibilities:

I understand that all fees for services performed are due and payable at the time of my or my dependants visit. I agree that as a parent/guardian, I am responsible for all fees and services rendered for the treatment of my dependants. I further agree that I am responsible for all fees regardless of insurance coverage. I also agree that if I or my insurance has not paid my outstanding balance within 90 days, that I will be charged 1.8% per month and (21%) annually interest calculated on my average daily balance. In the event that I default on my payment I further agree to pay all costs of collection including, but not limited to, reasonable attorney's fees.

Release Of Information:

I authorize **Dr. J. Lee Amason** to release information as may be required to insurance companies for processing my and/or my dependant (s) claims.

Credit Information:

Information regarding my payment history will be reported to credit bureaus, but will not reflect any delays in payment caused by my insurance carrier. I further agree that the information on the "Patient.Guarantor Registration Form" may be used to obtain credit information, and is to the best of my knowledge, accurate and complete.

X _____

Signature
PATIENT/GUARANTOR