

FINANCIAL POLICY



We request that our charges for office visits be paid at the time of service UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE WITH OUR OFFICE MANAGER. A monthly statement will be sent on your account. A payment must be made by the 20th of every month on your outstanding balance. Failure to pay your account within the specified terms may result in phone calls and letters reminding you of your financial obligation, as well as the collection process.

INSURANCE

You are ultimately responsible for your entire balance. Any quotes given to you in regards to what your insurance may pay is solely an estimate and not a guarantee that insurance will pay. As a convenience, we will be happy to process your dental insurance claims for you. We ask that you provide us with current and accurate information regarding your insurance coverage. If insurance is not paid timely, the balance will be your responsibility.

METHOD OF PAYMENT

We accept cash, checks, Visa, MasterCard, American Express, and Discover Payments.

COLLECTIONS

Any account which fails to make payments in a timely and efficient manner, or fail to make any payments under the specified terms of this contract, may be turned over to a collection agency for legal processing. In that event, you will be assessed a collection fee of up to 40% of any remaining principal balance that may be turned over to the collection agency.

AUTHORIZATION, ASSIGNMENT AND GUARANTEE OF PAYMENTS

I hereby consent to any medical treatment rendered to me and guarantee payment of charges incurred on my behalf. I hereby assign and authorize payment of insurance benefits directly to Dr. Jarron Tawzer. Payments will not be delayed or withheld because of any pending insurance coverage. Any amount that is not covered by insurance carrier and all proceeds of insurance are assigned to Dr. Jarron Tawzer where applicable, but without Dr. Jarron Tawzer assuming responsibility for the collection of those claims.

In the event payment under this agreement is not made at the time and in the manner required, the undersigned agrees to pay all costs of collection, including attorney fees, court costs, filing fee, including charges of commissions, (not to exceed 40%), that may be assessed to us by a collection agency retained to pursue this matter, with or without suit. I also hereby agree to pay a finance charge of 11/2 % per month (18% per annum) on the unpaid balance after 30 days.

I am responsible for the following individuals _____

Responsible Party Signature: _____ Date: _____

Print Name: _____

JARRON T. TAWZER D.M.D.

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