

DAVID D. FINLEY, D.D.S
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ABOUT FINANCIAL ARRANGEMENTS

Many patients have told us that financial arrangements were a point of confusion in their past dental office relationships. We have formulated the following policies so that financial arrangements do not get in the way of or damage our doctor-patient relationship. Our financial policy is that our services are offered on the basis that the patient is responsible for full payment of those services when the services are rendered. Our office does offer a number of financial options. We accept most major credit cards, and we have 6 or 12 month interest free finance options available with approved credit. We believe that each of our patients should be made aware of the condition of their dental needs before any dental care begins.

To make your visit as comfortable and enjoyable as possible we try to keep your wait for your dental appointment as short as possible. We do not double book our doctor's appointments. It is very important that you are here on time for your scheduled appointments. Canceling appointments with less than 48 hours notice creates problems for the office and for other patients. Our office reserves the right to charge for missed appointments if 48 hours notice is not given.

Any balance 30 days over due from the date of service will accrue monthly interest and rebilling fees of 1.5% per month until the balance is paid in full. Any check returned unpaid from your bank will be assessed a \$25.00 unpaid check charge.

As mandated by new federal regulations you will receive a copy of this practice's Notice of Privacy Policy. The notice provides basic information concerning the use and disclosure of your health information and your individual rights concerning that information.

I have read, understand and agree with the above statements and policies, and I have received a copy of the practice's Notice of Privacy Policy.

Signature _____ Date _____

_____ is my dependent and I am totally responsible for payment of all bills for his/her dental care.

Signature of Guardian _____ Date _____