

# SEDONA DENTAL ARTS, LLC

## **PATIENT PAYMENT POLICY**

*Unless other arrangements are made*, full payment is expected as services are performed. We accept cash, check and credit card.

As a courtesy to our patients with insurance, we will submit charges to insurance companies and wait for up to 2 months for reimbursement. *Unless other arrangements are made*, **payment of the yearly deductible and an estimate of the patient's portion of the bill is expected as services are rendered.** Information obtained from insurance companies on behalf of our patients is not a guarantee of an insurance company's payment. We accept cash, check and credit card.

Please see "Financial Arrangement Options" for other ways we can work together for the benefit of your dental health.

### **Assignment and Release:**

I acknowledge all responsibility for payment of services performed and agree to pay them in full. I understand that an account without payment for 60 days will be considered delinquent and will be referred to a collection agency, in which case I agree to pay all costs of collection and reasonable attorney's fees. If my account should have a balance beyond 90 days, I agree to pay interest at 1½ % per month or 18% annually.

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Signature of patient or responsible party

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Date