

## Financial Policy

Payment is expected on the day services are rendered unless other financial arrangements are made in advance. We accept cash, checks, MasterCard, Visa, American Express and Discover. We work with most traditional insurance plans. If extensive treatment is being rendered, we work with a local bank that provides a low interest payment plan. Please inquire about this before the scheduled appointment.

On all accounts over 60 days, a 1.5% (18% APR) finance charge will be applied monthly. All returned checks are subject to a \$20.00 service charge. I agree to pay all collection agency fees, attorney fees, and court costs that may be incurred or caused by not paying this account in full and/or on time.

## Informed Consent

Although good results are expected, the possibility and nature of complications cannot be accurately anticipated, and, therefore, there can be no guarantee as to the result of the treatment. Although the likelihood of their occurrence is extremely remote, some risks are known to be associated with dental procedures. The law requires us to mention the following risks: treatment failure, unexpected procedures, lasting numbness, infection, swelling, bleeding, discoloration, nausea, vomiting, allergic reaction, brain damage, paralysis, the loss or function of any organ or limb, or disfiguring scars associated with such procedures. Complications may require hospitalization or result in death.

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Signature

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Date