

APPOINTMENTS

Maintaining healthy teeth and gums is a vital part of having an attractive smile. For this reason, it is important for you to be seen by a dentist AT LEAST once every six months. Often, it may be necessary to have restorative work completed to preserve the life of your smile.

We are happy to reserve time on our calendar to treat your restorative needs and to maintain your oral health on a routine basis. **Please note that when you schedule an appointment, this time has been reserved especially for you.** Our team of dental professionals has planned their day around your reserved appointment time. **In the event you are unable to make an appointment, we require no less than a 24-hour notice.** A processing fee of \$40 may be applied if you cancel without the required notice. Repeated broken appointments are subject to patient dismissal or 'standby only' status.

INSURANCE

I understand that my benefits (insurance) policy is a contract that was negotiated by either my employer or myself on my behalf. This office has no part in that contract. Payment is expected as services are rendered unless financial arrangements are made prior to appointment. I assume full responsibility of payment to Willis Dental Care.

I have been informed that this office utilizes electronic claim processing in order to provide the most efficient means to process my claim. I authorize the release of medical information and past medical history for insurance claims, as needed. I am aware that this office has graciously extended to me a maximum period of 45 days for my benefits company to respond to my claim. I am aware that if this claim is not paid in full by that time, I must provide immediate payment to Willis Dental Care, and may be subject to finance and/or collection charges if I fail to provide prompt payment. I understand that tracking of my account begins the day charges are incurred, not after the claim has returned. I assume responsibility for ensuring that benefits are paid by my benefits company.

I agree to be responsible immediately for any balance left unpaid after my benefits company responds, as well as any procedure considered non-covered by the benefits company. I realize that Willis Dental Care and its staff cannot guarantee what my policy will provide for me, and it is my responsibility to request this information from my employer or benefits administrator if I feel it is necessary before proceeding with treatment. Any estimated payment information I receive from this office is understood to be based only on the averages seen in this office, and will in no way be binding.

MEDICAL PAYMENT HISTORY

I hereby consent to the release of my past medical payment history.

FINANCE CHARGE

If I do not pay the entire new balance within 25 days of the monthly billing date, a finance charge may be added to the account for the current monthly billing period. The finance charge will be a periodic rate of 1.5% per month (annual percentage rate of 18% applied to the previous month's ending balance). In the case of default of payment, I promise to pay said fee including collection agency fees (33.33%), attorney fees, and court costs incurred to collect on this account, waiving now and forever the right to claim exemption under the constitution and laws of the State of Alabama, or any other state.

CONSENT TO CONTACT PATIENT BY CELL PHONE

I give Willis Dental Care and its staff and/or agents express prior consent to contact me at any and all phone numbers, including cell phone numbers (which could result in charges to me), for the purposes of servicing my account or to collect any amounts I may owe. You may also contact me by sending text messages and emails using any email addresses I have provided. Methods of contact may include using pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable.

Signature of Patient, Parent or Guardian

Date

I have read and understand all of the above information. I further understand that it is my responsibility to inform this office of any changes in the information I have provided.