

FINANCIAL AGREEMENT

- For my convenience, this office will help me with my insurance by submitting a claim to my insurance company, and receive payment directly from them. If they do not pay as expected, I will still be responsible.
- I understand that if I begin major treatment that involves lab work, I will be responsible for the fee at that time.
- I agree to pay finance charges of 1.0% per month (12% APR) on any balance 90 days past due.
- I agree to pay billing charges of \$2 per month on any balance 90 days past due.
- I understand that the office reserves the right to report any balance outstanding for over 90 days to all credit bureaus.
- If sent to collections, I agree to pay all collection fees (not to exceed 35%) and court costs.
- I will pay a fee for appointments broken without 24 hours notice. Charges not to exceed \$50 per occurrence.
- Treatment plans may change, and I will be responsible for the work actually done.
- The office accepts payment by cash, personal check, VISA, Mastercard, and Care Credit. I will be responsible for a \$35 charge for all checks returned.
- I understand that future appointments may not be scheduled if arrangements for outstanding balances have not been made and/or no payments being paid on balances.
- I understand that all fees and co-payments are due at the time of service.

I understand that it is my full responsibility that any third party which I direct Pham, Biga & Maloney, PLLC to bill, in the event of non-payment for whatever reason, to pay the balance immediately. It is further agreed that in the event I fail to pay upon demand, should my account be referred to an outside collection agency and / or attorney, I accept full responsibility to pay all collection costs not to exceed 35.00%, interest of 1% per month not to exceed 12% per annum and reasonable court costs.

Signature

Date