Brian Williams, D.D.S., F.A.G.D., LTD.
PREVENTIVE & RECONSTRUCTIVE DENTISTRY

Office Policy

As a condition of treatment by this office, financial arrangements must be made in advance. The dental practice depends upon reimbursement from patient for the costs incurred for their care. Financial responsibility on the part of each patient must be determined before treatment.

All emergency dental services, or any dental services performed without financial arrangements, must be paid in full at the time services are performed unless other arrangements are made.

Patients with dental insurance understand that all dental services are charged directly to the patient and that he or she is personally responsible for payment of all dental services. This office will help prepare the patient's dental insurance forms or assist in making collections from insurance companies and will credit any collections to the patient's account. However, this dental office cannot render services on the assumption that our charges will be paid by an insurance company.

In consideration for the professional services rendered to me by this practice, I agree to pay the charges for the services at the time of treatment unless other financial arrangements were made prior to dental treatment. I further agree that the charges for services shall be as billed to, by me, in writing, within the time payment is due. I further agree that I will pay all costs and reasonable attorney fees if suit be instituted hereunder.

Appointments that are not cancelled with atleast a 24 hour notice will be subject to a $50.00 missed appointment fee.

I grant my permission to you or your assignee, to telephone me to discuss this statement or my treatment.

[ ] I have read the above conditions of treatment and payment and agree to their content.

Signature of patient, parent, or guardian (responsible party):

Signature: _____ Date: _____