

Financial Responsibility

- Payments extending beyond 30 days from first billing will accrue interest at the rate of 1.5% per month of the unpaid balance. (18% annual rate)
- There is a \$25.00 charge for all returned checks.
- If there is a balance carried on your account, we reserve the right to obtain a credit report.
- In the event of default, I promise to pay legal interest on indebtedness, collection costs, and/or related legal fees.

Our Appointment Policy

In order to provide the best service, we see patients on an appointment basis. We consider an appointment like a contract of time reserved for treatment. We realize that our patient's time is valuable; therefore, we make every effort to keep waiting time to a minimum. We request the same courtesy from our patients. If you find it impossible to keep an appointment, please give our office 48 hours notice so that we can accommodate someone else in that time. We reserve the right to charge a fee for missed appointments or appointments cancelled at the last minute.

Please sign below indicating your acceptance of the following:

I understand both the appointment policy and financial responsibilities of Portia J. Bell DDS

I understand your insurance guidelines and wish for Portia J. Bell DDS to accept the assignment of benefits from my insurance company.

I acknowledge that I have been provided with a copy of the HIPPA Notice of Privacy Practices. The effective date is April 14, 2003. I understand that my signature only represents my receipt of this notice.

I authorize Portia J. Bell DDS to use any photographs or radiographs of my completed treatment for the purposes of publication and/or teaching.

Please Print Full Name Legibly

Signature

Date Signed