



Thank you for choosing the office of Dr. Jarrod Williams for your dental needs.

In an effort to provide quality care for our patients and to avoid any misunderstandings, we would like to inform you of our office policy regarding payment for services rendered.

All treatment recommendations are based on individual need and not on insurance coverage. If you have insurance, as a courtesy we will assist you by filing your claim and all necessary documentation at no charge. Any portion not expected to be covered by these benefits is the responsibility of the patient and due at the time the service is rendered. This amount will include deductibles and co-payments.

If benefit amounts are less than expected, you will be billed for the difference and payment is due within 30 days. Please note that insurance estimates are not a guaranteed payment. Payment is expected at the time treatment is performed.

There is a \$25 charge for returned checks. If a check is returned and not paid within 7 days of the return date, legal action may be taken for collection. Any costs associated with collection of returned checks will be assumed by you. In the event your account becomes delinquent, you will be responsible for collection fees, attorney fees and court costs.

**There is a \$50 charge (per patient) for anyone that does not show up to their appointment or cancels within 24 hours.**

#### Notice of Privacy Practices

I have received a copy of this office's Notice of Privacy Practices.

For your convenience, we accept:

**Cash, Check, Visa, MasterCard, Discover, American Express**

By signing below, you understand and accept the terms of our Financial Policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date