

TRAM T. HALL, DDS, INC.

FINANCIAL POLICY

We are delighted to welcome you to our dental office and are pleased that you have chosen our practice to serve your dental needs. We are committed to providing the best treatment for you at usual and customary rates for our area. We will provide to you a treatment plan and determine your financial responsibility prior to your treatment.

All emergency dental services, or any dental service performed without prior financial arrangements, must be paid for in full at the time services are performed. Please understand that the costs incurred from the provided dental services are charged directly to you and that you are financially responsible for payment.

If you carry insurance, we will collect your annual deductible and your portion of the charges the day service is rendered. We will help prepare the insurance forms to collect from your insurance company and will credit such collections to your account. We will estimate the insurance portion as closely as possible, however, until we receive payment from the insurance company, please remember this is just an estimate. You are responsible for the cost of treatment regardless of the insurance company's determination of benefits.

Assignment of Insurance: I hereby authorize my insurance company to pay directly to my dentist benefits accruing to me under my policy. A service charge of 1.5% per month (18% per annum) (but in no event more than the maximum rate permissible under state law) will be charged on the unpaid principle balance on all accounts not paid within 60 days of treatment date.

Please understand that the fee estimate listed for this dental case can only be extended for a period of six months from the date of your examination.

Thank you for understanding our financial policy. Please let us know if you have any questions or concerns.

I grant my permission to you, or your assigns, to telephone me at home or at my work to discuss matters related to this form.

I have read the financial policy. I understand and agree to this financial policy.

Signature of Responsible Party

Date