

# BLUEBONNET DENTAL FINANCIAL AGREEMENT

We appreciate you choosing our office for you and your family's dental care. At BLUEBONNET DENTAL, we value our relationship with you and your family and would like to offer the following as our payment policy:

- Payment is expected at the time of service unless previous payment arrangements have been made by you with our office. Payment plans are given only at the discretion of upper management, and are not given or guaranteed to all patients.
- Any discounts given to you by our office are a courtesy to you and all such **discounts will be forfeited if and when your account becomes delinquent** and you will be charged full price for all treatment completed.
- Please be aware that **writing a "hot check," i.e. a check that you know will not clear the bank is a felony** and will be promptly filed at the courthouse by our office without any notification to you.
- We will make an effort to collect any unpaid balances from you for 60 days. After such time, a service charge of 1.5% per month (18% per annum) on any unpaid balances will be charged on all accounts exceeding 60 days, unless previously written financial arrangements are satisfied. **After 90 days, all outstanding accounts will be transferred to Lazarus Financial, a debt collection agency. Any and all collection charges will apply to the outstanding account.**
- Please note that parents/guardians bringing their child to the office will be expected to pay for all procedures rendered on the day of service.

**I have read and understand the payment policies for this office:**

\_\_\_\_\_  
Patient/Parent/Guardian PRINTED

\_\_\_\_\_  
Patient/Parent/Guardian SIGNATURE

\_\_\_\_\_  
PATIENT NAME (If patient is child/ward)

\_\_\_\_\_  
DATE