

FINANCIAL CONTRACT

We are glad that you have come to Aebersold Family Dentistry for your dental needs and we look forward to serving you. In consideration of our agreement to provide dental services to you, you agree to the following terms of contract:

1. Each account will be paid in full after services are rendered unless other arrangements are made.
2. We require a 24 Hour notice for Cancelled appointments. We reserve the right to charge \$25 per hour for missed appointments.
3. As a courtesy to you we will be happy to file your insurance. Please be aware that your contract is between you and your insurance company and problems with coverage and or payment is your responsibility to solve and not a reason to run a past due account. We will give your insurance plenty of time to pay your charges, but all balances over 90 days will be subject to collection if not paid. Please watch your statement for overdue balances. You realize that you are responsible for the account in the event that insurance does not pay for the services we provide to you.
4. In the event that you do not pay your account as agreed, you agree to be responsible for all costs of collecting your account so that Aebersold Family Dentistry will receive 100% of the charges incurred, even if this account is turned over for collections. As a result, if this account is placed for collection, you will be responsible for the original principal amount plus court costs, service fees and the fee charges to Aebersold Family Dentistry which is 40% of the principal amount owed.
5. In the event your fixed and/or removable prosthetics are not picked up within 60 days of the impression being sent to the lab resulting in a remake or change there will be a \$200.00 charge per unit out of pocket expense if any changes have to be made. As your mouth changes over extended time making it difficult to fit your case.
6. You agree to pay a \$2.00 per month billing charge for each month that there is a balance owing on your account. This charge is intended to cover costs for billing you each month.
7. You agree in the event suit must be brought to collect this account, the proper jurisdiction and venue for such suit will be in Pulaski County, Arkansas.
8. You agree that Aebersold Family Dentistry or its agents may request information from credit reporting agencies for all purposes it deems necessary in order to collect your account.

X _____
Aebersold Family Dentistry

X _____
Patient

Date: _____

Date: _____

THIS IS A LEGALLY BINDING CONTRACT. PLEASE CONTACT AN ATTORNEY IF YOU DO NOT UNDERSTAND ITS TERMS.