

Lowery Dental Financial Agreement Form

Last Name: _____ First Name: _____

Birthdate: _____

For my convenience, this office may release information to my insurance company and receive payment directly from them.

I understand that if I begin major treatment that involves lab work, I will be responsible for the fee at that time.

If sent to collections, I agree to pay all related fees and court costs.

Every effort will be made to help me with my insurance, but if they do not pay as expected, I will still be responsible.

I agree to let this office run a credit report. If I do not agree, then all fees are due at the time of service.

_____ Yes, I do agree.

_____ No, I do not agree.

X

Signature

Today's Date: _____