

MICHAEL R. MOORE, DDS, PA

PATIENT INFORMATION

1. We accept assignment of insurance benefits.
2. We accept Visa, Master Card, Discover, American Express.
3. We can phase treatment plan according to your insurance coverage and/or out of pocket expense.
4. We file insurance as a courtesy. This is not a guarantee of payment from your insurance Co. The portion we collect from you at the time of service is only an estimated amount. Any balance remaining after insurance has paid is your responsibility. Any claim still unpaid by the insurance company after 60 days becomes the patient's responsibility to pay.
5. Any unpaid balance 60 days old will begin to accrue interest charged to your account at a rate of 1 1/2% per month.
6. Any account 90 days past due may be turned over to a collection agency for payment.
7. In the event my account becomes delinquent, I agree to pay the balance in full as well as pay all costs to collect the past due balance including any interest, court costs, collections agency costs and attorney's fees.
8. There will be a \$80.00 per hour broken appointment fee **(for a confirmed appointment)** if cancellations are not made within 24 hours.
9. There will be a \$35.00 fee for all returned checks.

I have read, understand and agree to the above.

Patient/Legal Guardian Signature _____ Date: _____