

**B. CHARLES PUGH D.D.S., P.C.**

12694 S. REDWOOD RD.

RIVERTON, UT. 84065

801-254-1278

**FINANCIAL AGREEMENT**

**PLEASE NOTE:** Our office does accept most assignment benefits. Our acceptance does not absolve the responsible party of full responsibility for charges for treatment rendered. The estimate provided by our office is to be considered a guideline. We make every effort to be accurate in our estimation of benefits. However, since there is no way to be sure benefits have not been used in other offices or that the policy is in effect at the time of service, this office can make no guarantee of the insurance payment as estimated. Your benefits are between you and your insurance carrier(s). Claims are submitted promptly after treatment is rendered. If your insurance hasn't paid within 45 days of submitted charges the charges will be considered your responsibility and payment in full is expected from the responsible party. We take great pride in helping you receive the maximum benefit from your insurance(s). We are always glad to answer your questions and help you in any way we can.

The patient/responsible party is responsible for the total payment for procedures performed, including any balance not covered by insurance. I understand office policy requires my account to be paid in full each month. If I desire or need to make monthly payments, application for payments needs to be made **before** the dental treatment has begun. All accounts are to be paid in full within 90 days of treatment regardless of insurance. I understand that it is my responsibility to provide my correct/updated insurance information and that this office will bill my insurance as a courtesy to me. However, regardless of insurance coverage, I agree that it is and shall remain my responsibility to pay all amounts owing as set forth herein. I agree that interest will accrue on all past due amounts at the rate of 18% per annum (1.5% per month) until paid in full. In the event any amount(s) is/are referred to a third party debt collection agency, I agree that in addition to any other amount(s) allowed for by law, (such as interest, court costs, reasonable attorney's fees, etc.) I will also be responsible for a collection fee of up to 33.33% of the principal amount(s) owing as allowed by Utah Code. The terms of this paragraph shall apply to all amount(s) incurred by me or by any individual for whom I have legal responsibility whether such amount(s) are incurred today or after today.

I also understand additional late fees may be applied if my payment is not received within 15 days of the statement. **Our office policy adds a \$5.00 billing fee to those accounts which where we have not been paid during each regular billing cycle.**

**We charge for all missed confirmed appointments at the rate of \$25.00. Twenty-four (24) hours' notice is required to avoid this fee.**

I understand that by not agreeing, B. Charles Pugh DDS may refuse service, and if I am seen I might be required to pay for all services at the time of treatment, including any portion that would be paid by my insurance.

Signature \_\_\_\_\_