

**Dr. Randy McCormick**  
**Financial Agreement**

We value your business and want to meet you dental needs. Our hope is that this Financial Agreement will clarify any questions regarding our expectations of payment on your account.

Our Payment Agreement is as follows:

1. **IF YOU ARE SELF PAY-** Payment in full is due at the time of services are rendered.
2. **IF YOU HAVE DENTAL INSURANCE-** The patient portion is due in full at the time services are rendered. **A dental insurance plan is a contract between you and your insurance company.** Because we have no control over this contract, we are not held responsible for what they do not cover. With the information given to us by your insurance company, we will **estimate** the amount we believe to be your portion. However, the insurance company may pay differently than we anticipated. **You are responsible for what your insurance does not pay.**
3. If you have Delta Dental full payment is due when services are rendered. Delta Dental reimburses the subscriber of the policy once the claim is complete. (Unless told otherwise)
4. **AS A COURTESY-** We will file your insurance and will send you a statement explaining any outstanding balance that may remain. If we do not receive payment from you within 90 days, your account could be turned over to the Collection Agency that handles our past due accounts.
5. Any unpaid "returned" checks will be handled by the District Attorney
6. I understand my financial obligation and any balance over 45 days old is my responsibility.
7. Any accounts that are past due 60 days are subject to an interest rate of 1.5% monthly
8. Any accounts that are past due 90 days are subject to a Collection Fee of \$25 when your account gets turned over to a collection company,

I have read and understand the Financial Agreement

\_\_\_\_\_  
Name (signed)

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Date