

Ian M. Bever, D.D.S.
Bever Family Dentistry



Financial Agreement

Payment options:

All payments are due at the time of service. We accept cash, personal checks, debit or credit cards, and care Credit. If Care Credit is used, an additional 10% will be added on top of the total fees of your services.

Late fees:

If I do not pay the entire new balance by the statement due date, I will be charged an interest rate of 1.5% per month on the unpaid balance. I realize that failure to keep my account current may result in the postponement of additional services in this office until the balance is paid. Balances over three months due may be sent to collections or small claims court. In case of default on my account, I agree to pay any and all collection costs and reasonable attorney fees incurred, in attempting to collect on any outstanding account balances.

Broken appointments:

A \$50 fee will be applied to your account if an appointment is failed or canceled without at least 24 hour notice.

Return check fees:

A fee of \$25.00 will be applied on any checks returned for Non-Sufficient Funds.

Authorization, release, and agreement to pay for services rendered:

I authorize the dentist to release any information including the diagnosis and the records of any treatment or examination rendered to me, to third party payors and/or other health practitioners.

I authorize and hereby request my insurance provider to pay directly to the dentist, any insurance benefits for me and all my eligible dependents, that are otherwise payable to me.

I understand that my dental insurance provider may pay less than the predetermined amount for my services. I am responsible for paying all remaining balances on my account. This includes all fees rendered on my behalf and on behalf of my dependents.

Signature of patient or parent/guardian, if minor:

Date: _____