South Hill Children's Dentistry
Clara W. Brannan, DDS, PS
11102 Sunrise Blvd E, Suite 108
Puyallup, WA 98374

FINANCIAL AGREEMENT AND AUTHORIZATION FOR TREATMENT

Financial Information:
All accounts are due at the time services are rendered unless other prior arrangements have been made. On accounts which have established arrangements, the payment is due upon receipt of the monthly statement, regardless of when a down payment was made. Our bookkeeping policy prevents us from carrying balances over 90 days, unless the balance is insurance related. After 90 days we will charge a 1% per month finance charge.

As a courtesy, we will send your claims to any insurance carrier upon verification of coverage regardless of our participation with them.

Methods of Payment:
Visa, Master Card, Discover, American Express, Cash, Check or Care Credit.

There is a $35.00 charge for returned checks or sending the account to collections if deemed necessary.

Appointments:
We reserve your appointment time just for you. Appointments are carefully scheduled so you will be best served. Please be on time so we can give you the attention you deserve. If you must reschedule, please allow at least 24 hours to reschedule an appointment. Failure to show up for an appointment on-time may result in a cancellation fee in the amount of $50.00 ($52.00 for three or more occurrences). A sedation appointment not cancelled within 24 hours may result in a cancellation fee in the amount of $150.00.

All minor children must be accompanied by a parent or guardian, or someone authorized in writing by the parent or guardian during the **entire** appointment time.

Insurance:
I authorize release of any information relating to dental insurance claims for my dependents. I understand that I am responsible for all costs of dental treatment. I authorize payment of the dental insurance benefits otherwise payable to me directly to Clara W. Brannan, DDS. I permit a copy of this authorization to be used in place of the original.

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I **authorize** treatment of the patient named below and agree to pay all fees and charges for such treatment at the time of service, unless other arrangements have been made in advance.

I have been advised of my financial obligation and am aware that this is only an ***estimate***.

_____ _____
(child's name printed) (parent/guardian name printed)

_____ _____
(parent/guardian signature) (date)