

**RANDALL D HARRIS, D.D.S, PC &  
CHILDREN'S DENTISTRY OF GALES FERRY**

**FINANCIAL AGREEMENTS:**

- Either full payment or estimated co-payments and deductibles (if you have insurance) are expected at the time services are rendered. As a courtesy to you, we will submit completed procedures to your insurance company. Insurance is only designated to cover a portion of our fees, therefore you are responsible for any remaining balance. Please make note that all outstanding balances (more than 60 days) will be subject to an 18% annual finance charge (1.5% per month).
- In the event any unpaid balance shall be referred to an attorney for collection I understand that an attorney's fee equal to 33.33% of the total unpaid balance will be added to the balance to help cover the additional costs of collection.

**CANCELLATION AND FAILURE TO ARRIVE:**

- We require a 24 hour cancellation notice for all scheduled appointments. Occasionally circumstances do arise that may keep you from attending your appointment. A fee of \$50.00 may be applied if not given adequate notice on more than one occasion.

I HAVE READ AND AGREE TO THE ABOVE POLICY

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