

Payment Agreement & Insurance Information

Person Responsible for this Account: _____

Address: _____ Phone: _____

Employer: _____ Business Phone: _____

Social Security # _____ Driver's License #: _____

Are you covered by Dental Insurance? () Yes () NO

Insurance Company and Address: _____

Group # _____

Secondary Insurance Company & Address: _____

Policy Holder _____ Group # _____

Social Security # _____ Driver's License # _____

Agreement for the Extension of Credit:

In accordance with the Federal Truth-In lending Act which requires all doctors to give their patients complete information in connection with extension of credit, please be advised of the following credit policies that apply to this office:

1. Payment is requested at the time of treatment, unless specific arrangements are made.
2. Payment on accounts billed is expected within thirty (30) days.

Please remember that insurance is considered a method of reimbursing the patient for fees paid to the doctor and is not a substitute for payment. It is your responsibility to know that **Dr. Nathan J McArthur** is on your dental plan, to pay any deductible amount, co-insurance, or any other balance not paid for by your insurance.*

I hereby assign all medical and/or surgical benefits to include major medical benefits to which I am entitled, private insurance or other health plans to **Dr. Nathan J McArthur** to release all information necessary to secure the payment. I also authorize disclosure to my other physicians concerning my present illness or injury.

IN THE EVENT THAT FULL PAYMENT FOR CHARGES INCURRED IN MY DENTAL CARE IS NOT MADE, I AGREE TO PAY ALL COSTS OF COLLECTION, INCLUDING 33.33% COLLECTION AGENCY COMMISSION, REASONABLE ATTORNEY'S FEES AND INTEREST AT THE RATE OF EIGHTEEN PERCENT (18%) PER ANNUM. I ALSO AGREE TO SUBMIT MYSELF TO THE JURISDICTION OF THE COURTS OF BRIGHAM CITY, UTAH.

Signed _____ Date _____
(Patient or Legal Guardian)

*PLEASE NOTE: We cannot accept responsibility for collecting your insurance claim or for negotiating a settlement on a disputed claim. We will be happy to assist you whenever possible, but YOU are responsible for your account.