

Patient Fee Agreement

Dr. Nancy E. Gill; DDS, hereinafter referred to as Dentist, and I, the undersigned, hereinafter referred to as Patient, do hereby agree as follows:

1. **Dentist Agrees** to perform dental services to patient with professionalism and courtesy in accordance with existing dental standards, practices and techniques.
2. **Dental Insurance:** Patient understands and agrees that all services rendered by dentist are billed-directly to patient who is personally responsible for any billed amounts regardless of insurance. Dentist will assist in preparation of any necessary reports and forms deemed necessary to claim benefits from patient's insurance, however, dentist shall not be responsible for errors in the processing of insurance claims and patient alone is responsible for insurance claims, payment for dental services, and missed appointment with dentist. If insurance delays payment to dentist or declines payment for any reason, patient remains personally responsible for payment.
3. **Cancellations:** If patient does not keep an appointment without giving twenty-four hour advance notice, patient must pay for the time reserved at the rate of \$50 per appointment. Insurance companies do not pay for cancelled appointments.
4. **Fee Increases:** Occasionally, dentist may increase its scheduled fees while patient is receiving treatment. Patient will be notified in advance. At that time, patient's fee will be adjusted to the new fee schedule.
5. **Payment Arrangement:** All accounts are payable in full within 30 days after billing. Over due accounts will be charged interest at the rate of 23% per year plus costs and attorney fees.
6. **Collection Procedures:** Dentist reserves the right to collect any unpaid balance due through any lawful means. If patient is not making regular monthly payments against the account balance, Dentist may use a collection agency or take legal action to secure payments, as authorized by law, and the collection action will become part of your credit record. Patients will usually be notified in writing before Dentist takes action to collect.
7. **Limit of Unpaid Balance:** Dentist reserves the right to suspend treatment if the patient's unpaid balance exceeds \$1,500.00 and satisfactory arrangements are not made to secure the payment thereof.
8. **Dentist Has a Heart:** Dentist may, from time to time, decline to enforce any of the patient's responsibilities described above under circumstances that are a matter of Dentist's sole discretion. Having a heart should not punish dentist! Any failure of dentist to enforce any of dentist's rights under this agreement does NOT constitute a permanent waiver of right to enforce such provisions in the future.

This agreement constitutes substitute performance under an offer in compromise in which all collection rights and privileges under the original patient agreement form you signed with Dr. Gill's office (if any) are suspended but retained by Nancy E. Gill, DDS, P.C.

