

Canyon Creek Endodontics

Dr. David V. Christianson, D.D.S
Offices in Provo and Lehi UT

Important Insurance/Payment Information Please read fully and carefully

1. Each Patient not the insurance company, is responsible for payment for all charges to his/her account at the time services are rendered unless special arrangements have been made.
2. It is your responsibility to pay any deductible amount, coinsurance or any other balance not paid for by your insurance company.
3. In the event that your insurance company refuses payment for services rendered, you will be responsible for payment in full. A denial from your insurance company does not release you from your financial obligations to us.
4. The primary responsibility for dealing with your insurance company is yours, not ours. We provide assistance for you as a courtesy.
5. Payments on accounts billed are expected within 30 days.
6. Delinquent accounts will be charged interest at 1 1/2% per month.
7. The undersigned specifically agrees to pay all reasonable attorneys fees and court costs in the event legal actions is taken to collect on an account. The undersigned further agrees to pay an additional amount representing up to 40% of the principle balance if the account is referred to a collection agency or attorney for collections. This additional amount is in recognition of the cost associated with said collection action processing.

Assignment of Benefits

I Hereby assign all Dental benefits including private insurance and other plans to David V. Christianson D.D.S. I Understand that I am financially responsible for all charges whether or not paid by my insurance company. I hereby authorize said assignee to release all information and records necessary to secure the payment. To the extent necessary to determine liability for payment. And to obtain reimbursement, I authorize disclosure of portions of my dental records. I have read and understand the **Important insurance/ Payment Information** policy above and agree to its terms.

Signature of patient, guardian or
authorized representative

Date

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