

HOOPES DENTAL

Gary R. Hoopes, D.D.S.
Office Phone (801) 399-9470
After Hours (801) 726-1244

Financial Policy

Thank you for choosing us as your dental health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our financial policy which we require you to read and sign prior to treatment. We also ask you to read the insurance information and consent before signing them..

PAYMENT IS EXPECTED AT TIME OF SERVICE

Payment options: CASH, CHECKS, CREDIT CARD OR DEBIT, CARE CREDIT (There is a \$20 charge for returned checks)

We offer extended payment plans through an outside company. If you are interested ask our office staff. If you have insurance we will gladly process your claim but require you to pay your estimated portion and any deductible at the time of service.

Minor Patients

The parent or legal guardian who brings in a minor child for treatment is responsible for full payment of services regardless of any divorce decree. If any case of emergency we require all minors to be accompanied by an adult.

Past Due Accounts

After 45 days a finance charge of 1.5% per month(annual percentage rate 18%)of the unpaid balance will be added monthly. Should collection become necessary, the responsible party agrees to pay an additional 40% of the balance for collection fee, and all legal fees of collection, with or without suit, including attorney fees and court cost.

If the account is turned over to a collection agency, I will understand that the patient/doctor relationship has been violated and Dr. Hoopes will be unable to provide treatment for me or any of my dependents in the future. This will apply in the event of a bankruptcy on my part.

Signature_____Date_____

Witness_____