



MIDTOWN DENTAL

Bradley H. Doi, D.D.S. Kurt K. Tsumura, D.D.S. Sara E. Kerin, D.D.S.

Circle One:

PERSON RESPONSIBLE FOR ACCOUNT:

Patient Father Mother Guardian

In the event of divorce, separation or custodial cases, the guardian or parent of a dependent will be responsible for making necessary changes to the account of the dependent. When a child reaches 18 years of age, our office may put the child on his or her own account.

PERSON TO CONTACT OUTSIDE OF IMMEDIATE FAMILY IN CASE OF EMERGENCY:

NAME _____

ADDRESS _____

PHONE _____

FINANCE CHARGE:

If I do not pay the entire New Balance within 25 days of the monthly billing period, the FINANCE CHARGE will be a periodic rate of 1.5% per month (or a minimum charge of \$2.00 for a balance under \$134.00) which is an ANNUAL PERCENTAGE rate of 18% applied to the last month's balance. In the case of default of payment I promise to pay any legal interest on the balance due together with any collection costs and reasonable attorney fees incurred to effect collection on this account.

APPOINTMENT POLICY:

Quality and timely care of our patients is our primary concern. When we have a failed appointment or last minute cancellation, all our patients suffer.

Because we commonly have a waiting list, unless canceled, at least 24 hours in advance, our policy is to charge for missed appointments. The charge is \$25.00 for the first missed appointment and \$50.00 for each subsequent missed appointment. Insurance does not pay this charge. You are responsible. Please help us serve you better by keeping scheduled appointments, or call us, to cancel, in a timely manner to allow another patient to have your scheduled time.

If you fail to cancel (without valid cause) three appointments, you may not schedule another appointment. You will need to select another office and we will forward your records upon written request.

I understand this policy,

Name _____ Date _____