

Wm. Todd Hamer, D.M.D., P.C.
314 Bob Wallace Ave. S.W.
Suite B
Huntsville, AL. 35801
(256)533-0237

EXPLANATION OF OFFICE POLICY

All patients need to understand that all services furnished are charged directly to the patient and that he/she is responsible for the bill. As a courtesy to our patients, we will file to most insurance carriers. However, you must realize that your insurance is a contract between you, your employer, and the insurance company. We are not a party to that contract. We cannot render services under the assumption that charges will be covered by your insurance company. We strive to provide the best dental treatment according to the patient's needs regardless of insurance coverage.

The patient/responsible party is required to pay an estimate of any deductibles and/or co-pays at each visit according to how your particular insurance plan specifies. Anything not paid by insurance for any reason immediately becomes due from the patient/responsible party. Our office finance charge is 18% for any outstanding balance.

*****There will be a \$35 fee for any appointment that is cancelled or missed without a 24- hour notice. *****

PATIENT NAME: _____

I have read and understand the foregoing "Explanation of Office Policy." I hereby guarantee payment for dental services rendered to the above-named patient, this to include any and all future services, as well as those presently contemplated. I hereby authorize payment directly to Wm. Todd Hamer, DMD, PC for the benefits payable under the terms of my policy for any service and/or treatment provided. **I realize that all dental charges incurred by me or my dependents for services rendered by Wm. Todd Hamer DMD PC are my financial responsibility. I accept the fee charged as legal and lawful debt and agree to pay said fee, including collection agency fees, (33.33% for debts less than 12 months old, 40% for debts 12-36 months old, & 45% for debts 36-48 months old), attorney fees and/or court costs, if such be necessary. I waive now and forever my right of exemption under the laws of the constitution of the State of Alabama and any other state.**

RESPONSIBLE PARTY SIGNATURE: _____

DATE: _____