Financial Policy
and
Authorization for Treatment

Payment Policy: Patients are responsible for 100% of their portion payable at time of service, regardless of insurance. We will electronically file claims on your behalf and provide your insurance company with any additional information they may need.

Cancellation Policy: We require 48 business hours notice for any and all appointment changes. Any changes made after that time will be assessed a $50.00 rescheduling fee for appointments less than one hour and $100.00 for appointments one hour and longer. It is very important that you arrive on time. If an appointment is rescheduled due to late arrival, the patient will be assessed a rescheduling fee.

Collection Policy for Non-Payment: If for any reason there is an unpaid balance over 30 days on your account, a late fee will be assessed. After 60 days the account will be assigned to our attorney for collection and the patient, or guardian will be responsible for 100% of our fees, as well as all attorney fees, assessed late fees and court costs.

Authorization of Treatment: I authorize Dr. David Hummel, and his agents, to release any necessary information to my insurance company for payment of any claims. I also authorize Dr. David Hummel to perform any dental procedures necessary to restore my oral health or any elective treatment. I understand that treatment and fees will be explained to me prior to performing this treatment and I will be given the opportunity to ask any questions regarding this treatment.

I have read, I understand and agree to the above Financial Policy and Authorization for Treatment. I authorize treatment and agree to pay all fees and charges for such treatment.

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Signature (parent or guardian, if minor) *Date*

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Print name of patient/guardian, if minor

(over)