

Douglas Beckham, D.M.D.
2045 Medical Center Drive, Suite 4, Birmingham, AL 35209
Tel. (205) 871-6600 Fax (205) 871-6680

FINANCIAL POLICY

It is our commitment to provide to all our patients the highest quality dental care available, in a caring and friendly atmosphere. To have those services comfortably affordable, we are pleased to offer you these options for payment.

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| PERSONAL CREDIT CARDS VISA Discover MasterCard American Express | PREPAYMENT We are delighted to accept your personal check or cash for all treatment. |
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We are pleased to offer a 12 month no-interest financing option which is administered for us by Care Credit
Please ask our administrative staff for details and credit applications

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| We will support you in understanding your dental health and you may trust that our experience and guidance will enable you to make the best choices. | We will be happy to process your insurance benefits in our office, relieving you of this time consuming and sometimes complicated task. |
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I agree that I am fully responsible for the total payment of all procedures performed in this office – this includes any treatment that is not a benefit of any dental insurance that I may have. I understand that all services are due and payable at the time services are rendered, regardless of whether or not my insurance benefits have been received. I agree to pay any estimated portion of treatment not covered by dental benefits at the time of service.

Delinquent accounts: Should my account become delinquent and require the services of a collection agency or an attorney, I will pay all collection fees, court cost and attorney's fees for said collection. I also waive rights of exemption under the constitution and laws of Alabama or any other state as to personal property.

MISSED APPOINTMENTS

Appointment times are reserved especially for you. Please help us to serve you by keeping your scheduled appointments. If you fail to keep your appointment, or come in late, the Doctor may request that you reschedule the appointment and you may be charged a fee. If for any reason you should need to change your appointment, there will be no charge, provided you give us 24-hour notice. Please make your questions and concerns known to our team. We are here to assist you in any way possible. Our goal is to ensure that you have an outstanding experience.

Signature (Responsible Party)

Financial Coordinator

Date