

James L. Davenport II, DDS
5501 N. Oracle Rd,
Suite 141
Tucson, AZ 85704

- 1.) I understand that Dr. Davenport's front office is happy to file any claims with my designated insurance company, but that final responsibility for payment on all unpaid claims is my responsibility. I also understand that I am responsible for all co-payments and estimated amount on the date the treatment is rendered.

- 2.) I understand that there will be a minimum charge of \$50.00 for any appointment missed or not canceled within at least 48 hours notice (working days notice not the weekend) and this fee could increase according to the time allotted for the appointment in question.

- 3.) I understand that should I request duplication of my dental records, there is a charge of \$35.00 for each record requested and that fee must be paid prior to receiving the records.

- 4.) I understand that, should my account fall into delinquent status (60 days or more past due) I am responsible for any and all collection and legal fees incurred in the collection process.

- 5.) I am also aware that, if I elect to pay by check and the check is returned for non-sufficient funds, my check will not be resubmitted for payment I will have to pay all bank fees and the amount of the check in cash or money order

I have read and understand that the above list of office policies. By my signature, I agree to the terms of the information listed above.

Patient/Guardian Signature _____ Date _____