

Suzanne P. Triemstra, DDS, PLLC
1613 Military Cutoff Rd. Ste: 220
Wilmington, NC 28403
(910) 350-0441

PAYMENT FOR SERVICES AGREEMENT

I realize that I am financially responsible for and agree to pay for my dental services today and during any future visits. I recognize that payment is due at the time dental service is rendered. I agree that my insurance coverage is an agreement made between myself or the insured, and the insurance company; Suzanne P. Triemstra, DDS, PLLC was not involved in my decision to purchase insurance with my current provider, and is not responsible for terms and limits imposed by my insurer.

I realize that the office accepts cash, check, money order, MasterCard, Visa, Discover, American Express, and Care Credit as forms of payment. The office staff will file my **primary** insurance claims as a courtesy to me, and I will pay my estimated portion of services rendered at the time of service. I realize that not all insurance carriers will mail payment directly to Dr. Triemstra. In that event I will pay for my visit in full at the date of service, and my insurance carrier will reimburse me.

Past due accounts may be disclosed to credit reporting agencies, and will reflect negatively on my credit history.

In the event my account becomes 120 days past due from the date service is rendered or from the time insurance payment is received by the office, whichever is later my account may be subject to small claims proceedings. In the event small claims proceedings occur, I agree to pay an additional assessment of \$100.00 on my account once the account is 120 days past due, to cover court costs and administrative expenses.

AGREED:

Print Patient Name

Patient Signature (Parent or Legal Guardian if Minor)

Date