

RIVERWALK DENTAL
WELCOME!
Dr. Norman P. Don, D.D.S., P.C.
Dr. Kacy J. LaFleur, D.D.S.
Dr. Colin P. Don, D.D.S.
4015 E. Paradise Falls Dr.
Suite 129
Tucson, Az. 85712
(520)795-1316

Date: _____

Name: _____

Patient Agreement and Notice of Office Policy

I understand that payment in full is expected at the end of my visit, unless other arrangements are made with this office. All insurance co-payments and deductibles are also due at the end of each visit.

I hereby authorize my insurance benefits to be paid directly to Dr. Norman, Dr. Colin, and/or Dr. LaFleur and I am financially responsible for all services and fees incurred due to denial of benefits.

I also authorize the Doctor to release any information required to process insurance claims on my behalf.

In the event that this account remains unpaid for 90 days and must be placed for collection, patient agrees to assume responsibility for all finance charges, collection fees, attorney fees, and court costs. Patient also agrees to pay 1.50% interest per month on any unpaid balance (18% per annum)

Patient agrees to kindly give 24 hours notice when canceling any appointment or pay a \$50.00 missed appointment fee for each appointment missed.

Signature: _____