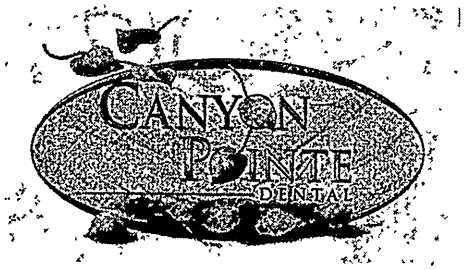
DEVIN B. CHRISTENSEN
D.D.S.

FAMILY AND COSMETIC
DENTISTRY



114 EAST 12450 SOUTH
SUITE 102
DRAPER, UT 84020

801-576-1100

FAX: 801-576-5920

FINANCIAL POLICY

WELCOME! We believe in giving you the best possible dental care. We want you to feel welcome and as comfortable as possible throughout your treatment. This includes understanding your treatment plan as well as our financial policy.

Financial Agreement:

Patients are expected to pay for our services at the time they are rendered, unless prior arrangements have been made through our financial coordinator. Our patients who have dental insurance are expected to pay the amount of their estimated co-pay at the time of service. Payments may be made using cash, check, Visa, Mastercard, Discover or American Express. We will mail monthly statements to all patients with an outstanding balance. Unpaid balances will be assessed a monthly $5.00 billing charge and a finance charge of 18% per annum after 60 days with a minimum $1.00 charge. The undersigned further agrees to pay any additional collection fee representing up to fifty percent (50%) of the principal balance if the account is referred to a collection agency.

As a courtesy to our insured patients, we submit claims to your insurance company free of charge. Most dental plans do not cover 100% of the cost of your treatment. If insurance has not paid within 60 days of treatment you will need to make full payment to this office and be reimbursed when your insurance company pays. Please keep in mind that the dental insurance contract is an agreement between the patient and the insurance company; therefore, the patient is responsible for the bill, regardless of insurance coverage.

If you are insured, please:

1. Be familiar with the coverage and deductible on your insurance plan(s). To help you better understand your dental benefits, read your plan description and call your employer/personnel department or insurance company regarding any questions you may have.
2. Bring your insurance card and/or insurance form with you on your first visit.

In order to serve you better and keep the cost of dental care down, we try to maintain an efficient appointment system. However, our cost of providing care increases greatly when people fail to keep scheduled appointments or cancel at the last minute. A $50 fee will apply to appointments cancelled with less than 24 hours notice.

Thank you,
Devin B. Christensen D.D.S.

I agree to the above terms and to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted under applicable law, I authorize release of any information relating to the insurance claim. If the patient is a minor, permission is granted for dental treatment, as deemed necessary to be performed in our office or until written notice is given discounting this permission. I also authorize payment of the dental benefits otherwise payable to me directly to Dr. Devin Christensen.

Signature: _____ Date: _____

Printed Name: _____