BARRY R. FRANZEN, D.D.S.

WELCOME

We would like to take this oppotunity to extend our warm welcome to you, as you become a part of our office. Your concerns and needs are very important to us and we wish to make you a very integral part in the decision making process of your treatment.

Please take this time to review our office policy regarding financial arrangements.

Balances are due day services are rendered for cleanings and routine dental work. The financial arrangement for the following work-crowns, bridges, partials, dentures and implants will be as follows: ½ **due at the start of treatment and the balance due the day of final insertion of prosthesis.** Any other arrangements must be discussed with Dr. Franzen prior to any work. Written treatment proposals will be provided for extensive work and discussed prior to treatment. Financial arrangements will be discussed at this time. **MasterCard, Visa, Discover and Care Credit** are accepted. Financing is also available through a third party for your convenience. Ask our office manager for details.

SERVICE CHARGE FOR OVERDUE ACCOUNTS

Invoices for services due are payable at the time services are provided. Failure to pay those charges will result in a service charge of **1.5%** on the unpaid balance per month thereafter starting **30 days** from the date of invoice.

ACCOUNTS SUBMITTED TO COLLECTION SERVICES

If the patient's account is submitted to attorneys for recovery of payment due for services provided, the patient **agrees to pay all costs incurred**; including actual attorney fees, as well as all statutory court costs and fees whether or not a formal judgment is entered against the patient.

In order to assist in the dissemination of medical/dental scientific knowledge, or in the improvement of medical/dental diagnosis and treatment, I hereby authorize Dr. Barry R. Franzen, to publish, display or otherwise use photographs or models, which he obtained in connection with my treatment. It is understood and agreed that the names will not be used or disclosed. Dr. Franzen will also send patient information and x-rays via E-mail to other professionals on a secure site.

I HAVE READ AND UNDERSTAND ALL THE INFORMANTION IN THE OFFICE POLICY. ANY QUESTIONS HAVE BEEN ANSWERED TO MY SATISFACTION.

SIGNED:_____ **DATE:**_____

LIMITED TO PROSTHETIC, MAXILLOFACIAL AND IMPLANT DENTISTRY

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