DR. WALT VICKERS
DENTISTRY

1200 Montlimar Drive
Mobile, AL 36609
251-342-0380

OUR FINANCIAL POLICY

This agreement is to inform you of your financial obligation to our practice. We are committed to providing you with the highest quality dental care using on the best material and technology available in the market today. We are also committed to providing you with up-to-date information and educational tools so that you may fully participate in maintaining optimum oral health. Please understand that payment of your bills is considered part of your treatment. The following is a statement of our Financial Policy, which we require you to read and sign prior to any treatment.

All charges you incur are your responsibility regardless of your insurance coverage. We must emphasize that as your dental care provider, our relationship is with you, our patient, not with your insurance company. Your insurance policy is a contract between you, your employer, and the insurance company. Our office is not a party to that contract. But, as a courtesy to you, we will help you process all your insurance claims.

Your **estimated** co-payment for treatment, which is the amount not covered by your insurance, is due at the time service is provided. Your co-payment may be adjusted after the time of service depending upon the final reconciliation of insurance payments. Our office accepts cash, personal checks, MasterCard, Visa, American Express and Discover. Outside financing is available through CareCredit upon request and approval. Returned checks and balances older than 60 days will be subject to collection fees.

The adults accompanying a minor and the parents (or guardian of the minor) are responsible for the full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan, Visa, MasterCard, Discover, and American Express, or payment by cash or check at time of service has been verified.

I, the undersigned, accept the fee charged as a legal and lawful debt and agree to pay said fee, including any/all collection agency fees, (33.33%), attorney fees and/or court costs, if such be necessary. I waive now and forever my right of exemption under the laws of the constitution of the State of Alabama and any other State.

You agree, in order for us to service your account or to collect monies you may owe, Dr. Walt Vickers and/or our agents may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or emails, using any email address you provide to use. Methods of contact may include using pre-recorded/artificial voice messages and/or use of automatic dialing device, as applicable.

I/We have read this disclosure and agree that Dr. Walt Vickers, its employees and/or agents may contact me/us as described above.

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(Signature of Patient or Responsible Party) (Date)

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(Print Name of Patient or Responsible Party)