

Forbes Dental Care, P. A.  
Michael E. Forbes, D.D.S.

Silver Lake Plaza  
4001 Stinson Blvd. N.E., Suite 426  
Minneapolis, MN 55421  
Phone: 612-788-0751

## PATIENT FINANCIAL AGREEMENT

\_\_\_\_\_ I authorize use of this form on all of my insurance claims. (Please Initial)

\_\_\_\_\_ I authorize release of information to my insurance carriers. (Please Initial)

\_\_\_\_\_ I authorized payment directly to Dr. Michael Forbes. (Please Initial)

\_\_\_\_\_ I understand that I am responsible for my account. (Please Initial)

1. Our office will make every reasonable effort to collect from your insurance company in a timely manner. If the insurance company has not paid within 30 days, YOU are responsible FOR PAYMENT AT THAT TIME.
2. All accounts are due and payable within 30 days of INITIAL appointment. A processing fee of \$5.00 will be assessed monthly on any balance over 30 days old, to cover our bookkeeping and mailing expenses since we do not charge interest.

3. This office does not guarantee that an insurance company will pay for the usual and customary fees of this office; nor will this office enter into any dispute with an insurance company over reimbursement or the amount of the reimbursement. If your insurance company does not pay, you understand that this is YOUR RESPONSIBILITY TO PAY THESE EXPENSES.
  
4. There will be a \$30.00 fee for any check that is returned from our bank UNPAID. Should our office find it necessary to place your account with an attorney for collection, 1/3 of the balance will be added to the account balance.

I, the undersigned, understand and agree to the above financial policy.

SIGNED: \_\_\_\_\_ DATED \_\_\_\_\_