

Drs. Roy F. & Tracey B. David D.M.D., P.A.
120 9th Ave. North
Jacksonville Bch, Fl 32250
904-246-7554

Financial Policies: Please Check One

Self Pay

1. I agree, that should my account become delinquent, I will be responsible for all collection costs, including but not limited to the outstanding balance, attorney fees, court costs, collection agency fees and interest of 18% per annum (1.5% per month).

Insurance

1. I authorize Dr. Roy F. & Tracey B. David D.M.D., P.A. to submit insurance claims on my behalf. I am aware that this service is being provided as a courtesy. I understand that I will be financially responsible for all services that are not paid in full within 45 days of service regardless of any reason given by the insurance company. If this account should become delinquent and/or past due after 90 days, I agree to pay all costs of collection including, but not limited to, court costs, sheriff fees, collection agency fees, attorney's fees, and interest from the date of service in the amount of 18% per annum (1.5% per month).

Missed Appointment Policy

If you find you are unable to keep your appointment, kindly give us 24 hour advanced notice. Because of the large number of patients that have failed to call us in advance, we find it is necessary to charge \$30.00 for missed appointments.

I understand this policy and agree to give the office 24 hour advanced notice so the appointment may be given to someone else. I also understand this charge is not covered by my insurance; it is my sole responsibility. I agree to pay this fee if I fail to notify the office as agreed.

Patient's or Responsible party's Signature and Date: _____

Patient's Name _____