

Hawthorne Legacy Dental
Kuhn R. Marshall DMD & R. Justin Tooke DMD
4511 SE Hawthorne Blvd. Suite 101
Portland, OR 97215

Financial Arrangements

For your convenience, we offer the following methods of payments. Please check the option which you prefer. If you have any questions concerning financial arrangements or need special arrangements, please ask for assistance. Payment in full at each appointment is requested.

Cash
 Personal Check
 Credit Card Visa M/C AMEX
Card# _____ Exp. Date _____

Late Charges, Short Notice Cancellations and No Shows

If I do not pay the entire balance within 25 days of the monthly billing date, a late charge of 1.5% on the balance then unpaid and owed will be assessed each month (if allowed by law). I realize that failure to keep this account current may result in you being unable to provide additional dental services except for emergencies or where there is prepayment for additional services. In this case of default on payment of this account, I agree to pay collection costs and reasonable attorney fees incurred in attempting to collect on this amount or any future outstanding account balances. In the event that I do not show for an appointment or fail to give the office 48 hours notice I understand a fee will be charged to my account.

Initials: _____

Authorization, Release, and Agreement to Pay for Services Rendered

I authorize the dentist to release any information including the diagnosis and the records of any treatment examinations rendered to me during the period of such Dental care to third party payors and/or other health practitioners. I authorize and hereby request my insurance company to pay directly to the dentist (or dental group) insurance benefits otherwise payable to me. I understand that my dental insurance carrier may pay less than the actual bill for services. I agree to be responsible for payment of all services rendered on my behalf or on behalf of my dependents.

Signature: _____

Date: _____
