

**Kent Island Dentistry LLC**  
**1231 Shopping Center Road**  
**Stevensville, MD 21666**  
410-643-5100

**Financial Agreement**

Patient's name\_\_\_\_\_.

Responsible party's name\_\_\_\_\_.

Kent Island Dentistry's office policy is to pay any co-pays and deductibles on the day of the visit. If for some reason there is a balance from the insurance then we will bill you. We do offer a third party payment plan called "**Care Credit**". If you are interested please ask Penny for details.

If we have to bill you and you fail to pay for the services provided by our office when due, you will be charged billing and late fees, all costs of collections, including reasonable attorney fees incurred as part of the collection process.

Broken appointments are a serious problem for our office. We reserve the right to charge a fee for appointments failed or broken without 24 hour notice. The fee of \$50.00 will be charged to any patient that fails or breaks the appointment without 24 hour notice.

Any questions concerning this financial agreement , please feel free to ask.

Signature of responsible party \_\_\_\_\_

Date\_\_\_\_\_