CHRIS R. PETERSON, D.D.S.

Where Aesthetics Meet Function

Lander Dental Group, PC

ERIC M. SHERIDAN, D.D.S.

799 SOUTH SECOND STREET
LANDER, WYOMING 82520

PHONE 332-7710

***We reserve the right to charge a cancellation fee.**

With **approval** of in office financing, a financial arrangement MUST be signed. You will be turned over to a collection agency if your account is **90 days** past due. If we have a check returned for non-sufficient funds there will be a **$25.00** return check charge. I, the undersigned client/guardian, agree to pay for all services rendered and/ or goods sold to me or my ward immediately upon demand. I further agree that in the event of non-payment of any amounts due under this agreement I will pay interest thereon at the rate of 1.5% per month. I agree that in the event this agreement is assigned to an agency for collection, I promise to pay an additional collection fee of 35% of the unpaid balance. I agree to pay all reasonable attorney fees and court costs that may be incurred.

***If you have Dental Insurance:** We will gladly file your insurance claims for you at no charge. It is necessary that you, the patient/policy holder be fully aware of your own insurance policy and how it works. The design of your dental plan may limit what they pay.

I,_____, have read Lander Dental Group's Financial Policy.

Signature:_____Date:_____

***ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES:** The blue form attached to your clipboard is a copy of our Notice of Privacy Practices. A copy of this form will be provided if requested. You may refuse to sign the acknowledgement.

I, _____, have read a copy of this office's Notice of Privacy Practices.

Signature:_____ Date:_____