



# MIDTOWN DENTAL

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## RESPONSIBLE PARTY INFORMATION

PERSON RESPONSIBLE FOR ACCOUNT:

Circle One:

Patient    Father    (Husband)  
Mother    (Wife)    Guardian

PERSON TO CONTACT OUTSIDE OF  
IMMEDIATE FAMILY IN CASE OF  
EMERGENCY:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

### FINANCE CHARGE:

If I do not pay the entire New Balance within 25 days of the monthly billing period, the FINANCE CHARGE will be a periodic rate of 1.5% per month (or a minimum charge of \$2.00 for a balance under \$134.00) which is an ANNUAL PERCENTAGE rate of 18% applied to the last month's balance. In the case of default of payment I promise to pay any legal interest on the balance due together with any collection costs and reasonable attorney fees incurred to effect collection on this account.

### AUTHORIZATION:

I hereby authorize payment directly to the Dental Office of the group insurance benefits otherwise payable to me. I understand that I am responsible for all costs of dental treatment. I hereby authorize the Dental Office to administer such medications and perform such diagnostic and therapeutic procedures as may be necessary for proper dental care. The information on this page and the medical history are correct to the best of my knowledge.

Signature of responsible party:

X \_\_\_\_\_

### APPOINTMENT POLICY:

Quality and timely care of our patients is our primary concern. When we have a failed appointment or last minute cancellation, all our patients suffer.

Because we commonly have a waiting list, unless canceled, at least 24 hours in advance, our policy is to charge for missed appointments. The charge is \$25.00 for the first missed appointment and \$50.00 for each subsequent missed appointment. Insurance does not pay this charge. You are responsible. Please help us serve you better by keeping scheduled appointments, or call us, to cancel, in a timely manner to allow another patient to have your scheduled time.

If you fail to cancel (without valid cause) three appointments, you may not schedule another appointment. You will need to select another office and we will forward your records upon written request.

I understand this policy,

Name \_\_\_\_\_ Date \_\_\_\_\_