

### FINANCIAL AGREEMENT

1. **Description of Account:** Following credit approval, Dr. Maisey will provide to you a credit account that allows you to obtain dental services and to pay for them in accordance with the terms and conditions of this credit agreement. Your first use of the Account will constitute your consent to all of the terms and conditions of this Agreement. Before the first use of the Account, the Agreement will not be in effect and you will not be responsible for its use.
2. **Billing Statements:** You will receive a statement showing treatment costs during the preceding billing period. The statement will also show any Service Charges, Late Penalties, Collection Costs, other charges, payments, credits, and the balance you owe. All appointments must have at least a 24 hour notice for all cancellation charge cancellations. Your account will be billed a \$25 charge for each half hour of scheduled appointment time.
3. **Returned Item Charge:** If you make a payment of any amount due on your account by means of a check, and payment of the check is not made for any reason, you agree to pay a returned item charge of **\$25.00**, which will be added to your account balance.
4. **Prepayment:** In addition to your required payment, you may pay all of the amount you owe under this Agreement at any time.
5. **Security:** Your obligation to make payments under this Agreement is unsecured. This means that you are not giving an interest in any property that you own to back up your promise to pay.
6. **Default:** You will be in default under this Agreement;
  - a. If you do not make a required payment on time; or
  - b. If you fail to keep any of your promises under this Agreement; or
  - c. If you become involved in a bankruptcy or similar proceeding as a debtor; or
  - d. If you die; or
  - e. If any statement you made in your credit application for this account is false.

If you default, Dr. Maisey, or his agents, can demand immediate payment of the entire balance that you owe under this Agreement.

7. **Attorney and Collection Fees:** The debtor agrees to pay all reasonable attorneys' fees and other collection costs that the creditor incurs in connection with your account. This will result in a **40% (forty percent)** increase in your balance in the event it is sent to a collection agency.
8. **Joint Account:** If the account established under this Agreement is in the name of two or more persons or a family, each account holder is responsible for payment of the entire amount owing under the Agreement.
9. **Cancellation:** Dr. Maisey, or his agents, may end this Agreement and your right to use the account without informing you in advance. You will then no longer be provided credit.
10. **Assignment:** Dr. Maisey, or his agents, may assign to others all or any part of its rights under this Agreement, including all or any part of any balances owing. This may be done at any time without notice.
11. **Amendment:** Dr. Maisey, or his agents, may change the terms of this Agreement at any time by giving you written notice of the changes thirty (30) days before the changes become effective.

### PAYMENT OPTIONS

1. **Full payment at the Time of Treatment:** We will reduce the bill by **ten percent (10%)**. This is not a discount on the cost of the dental procedures, but a reduction in the cost of clerical and bookkeeping support. You will submit your own insurance.
2. **Partial Payment at time of Treatment:** We will submit your insurance forms. You pay for the portion of that day's treatment which is not paid for by your insurance carrier (deductible & co-payment). If your insurance carrier fails to pay, in full or in part on your claim, the balance will become due and payable sixty (60) days from the date of treatment. Any interest will be adjusted off after final payment, provided this takes place within sixty (60) days of treatment.
3. **Monthly Payment:** Arrangements can be financed through **Care Credit**.

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Signature

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Date