

**Bradley G. Brumm D.D.S.**  
7575 N. Oracle Rd.  
Tucson, AZ. 85704

**Payment Policies and Options**  
**Must be completed and signed**

**Patients without Insurance**

Payment is due in full on the day treatment is provided.

**Patients with Insurance**

**Option A** \_\_\_\_\_ I will pay my bill in full on the day treatment is provided and request that my insurance company reimburse me directly.

**Option B** \_\_\_\_\_ I will pay the patient portion of the total on the day treatment is provided and assign insurance benefits to be paid to Dr. Bradley G. Brumm.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Patient Printed Name \_\_\_\_\_

If we under collect the patient payment portion, we will bill you for the remaining balance. A refund will be issued if we over collect.

If you have been approved for a payment plan, your payment is due by the date indicated on your statement, all others; your payment is due upon receipt of our statement.

Late payment(s) carry an interest charge of 1.5% (18% annually) plus a \$5.00 fee.

A \$25.00 fee will be assessed for returned checks.

**Assignment of Benefits**

I, the undersigned authorize payment of dental benefits directly to Bradley G. Brumm, D.D.S...

Subscriber Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

**Disclaimer—Verification of eligibility and dental benefits does not guarantee payment of your dental claim. Total cost of treatment is the sole responsibility of the patient and/or the subscriber regardless of insurance compensation. It is consumer responsibility to read your plan booklet to make sure you are fully aware of your insurance policies coverage.**