

WEE CARE DENTAL, P.C.

Specializing in Infants • Children • Adolescents

RICK J. MEYERS, D.D.S.

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Financial Agreement

I understand that all financial arrangements are on a fee for service basis, unless prior arrangements are made. If I have dental insurance I agree to take care of any deductibles or co-payments at each appointment. I also understand that any insurance portion quotes are **estimates** based on the information my insurance company has given you over the phone: there may be clauses and restrictions that may not be known at this time. Any portion of my treatment not paid by my insurance company is my obligation and I agree to pay the balance in full within 30 days. Any amount still outstanding after 30 days will result in late fees of 1.5% per month charged to my account. If my account must be referred to small claims court or a collection agency, I agree to pay any court costs and collection fees in the fair prosecution of the claim.

There is a fee for missing a scheduled appointment.

Signature _____

Printed name of signature _____

Relationship of signature to patient _____

Today's date _____