



DIAMOND
DENTAL SOLUTIONS

FINANCIAL AGREEMENT

I acknowledge that payment is due at the time of service, unless other arrangements were made beforehand. I accept full responsibility for all charges. I understand that filling out a claim with my insurance does not relieve me from any responsibility to my account. It is also agreed that in case of default of payment, I, the undersigned, accept the fee charged as a legal and lawful debt and agree to pay said fee, including any/all collection agency fees, (33.33%), attorney fees, and/or court costs, if such be necessary.

Initial: _____

CONSENT TO CONTACT CONSUMER BY CELL PHONE

You agree, in order for us to service your account or to collect monies you may owe, Matthew D. Holley, D.M.D., P.C., and/or our agents may contact you by telephone at any number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or emails, using any email address you provide to us. Methods of contact may include using prerecorded/artificial voice messages and/or use of automatic dialing device, as applicable.

I/We have read this disclosure and agree that Matthew D. Holley, D.M.D, P.C., Its employees and/or agents may contact me/us as described above.

Initial: _____

PRIVACY PRACTICES ACKNOWLEDGEMENT

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

Initial: _____

Signature _____

Relationship to Patient _____

Date _____