

Evergreen Dental, S.C.
Paul F. Popelka, D.D.S.
2310 E. Evergreen Drive
Appleton, WI 54913
920-734-0601

FINANCIAL AGREEMENT

In an effort to keep dental costs down while maintaining a high level of professional care, we require payment for services rendered as follows:

1. PREPAYMENT OR PAYMENT THE DAY SERVICES ARE RENDERED

If payment is made with cash or check you will receive a 5% savings. We also accept VISA, MasterCard, American Express and Discover Cards. (We cannot offer this savings with credit card payments due to fees we pay to offer this method of payment.)

2. IF YOU RECEIVE A STATEMENT

Full payment of the balance due must be made by the date indicated on the statement (usually 30 days from the statement date).

Should it become necessary, the undersigned agrees to pay all costs and expenses including, but not limited to all attorney and/or collection agency fees.

DENTAL INSURANCE

As a courtesy to our patients we will file your insurance claims and help maximize your benefits in any way we can. We ask that you assign your insurance benefits to Evergreen Dental, S.C. Keep in mind the professional care is provided to the patient, and not your insurance company. Therefore, the undersigned is ultimately responsible for any fees incurred.

Please note in the instances of divorce, separation or shared custody, the Laws of Wisconsin state that the person accompanying a minor patient for care is responsible for all financial obligations regardless of court decrees or other legal or personal arrangements.

Signature of responsible party

Date