

Robert B. Connor, D.M.D.

1771 Independence Court
Suite 1
Birmingham, AL 35216
Phone (205) 870-9871

Office Payment Policy

The best patient-doctor relations are maintained when there is a complete understanding of the payment policy in advance of the treatment. To avoid misunderstandings concerning payment of the account, please note that payment is required in full, on or prior to the office visit, or other satisfactory arrangements (such as dental insurance, or an agreed-upon monthly payment) must have been made in advance. Charges in the amount of \$30.00 for each returned check will be added to your account.

If you have dental insurance, please inform us of the insurance company:

You are responsible for any amount not paid by your dental insurance. (After 90 days, interest shall accrue on the amount owed at the rate of 1½% per month, 18% per annum).

We offer **Care Credit** for patients who would like to make payments. Please ask us for this information.

I understand that in the event an account is turned over for collection, the patient responsible for the account agrees to pay an attorney's fee, court cost and any other reasonable cost of collection, and I agree to waive my right of exemption under the laws of the State of Alabama and any other state.

Signature: _____ Date: _____

Witness: _____ Date: _____