Jordan Landing Dental Care

Dr. Andrew Erickson, DMD & Associates

7611 S. Jordan Landing Blvd #201

West Jordan Landing Blvd. 84084

Truth-In Lending Statement

As a condition of your treatment by this office, estimated payment portions are due in full at time of appointment unless payment arrangements are made in advance. The practice depends upon full reimbursement from patients for the costs incurred in their care. Financial responsibility on the part of each patient must be determined before treatment. We bill your insurance as a courtesy. Please remember that insurance is a contract between the subscriber and insurance company you have selected.

We do our best to offer estimates of your coverage and estimated copay portion responsibilities based on information gathered from you and your insurance company. Any amount not reimbursed by your insurance is your responsibility.

A reoccurring late fee of $10 per billing will be charged to unpaid balances on all accounts that exceed 60 days, unless previously written financial payment arrangements were agreed upon. Any accounts that exceed 90 days unpaid are at risk of collection activity and added fees. If an account is turned over to collections, a collection fee of 40% of the balance owing will be added, as well as any attorney or collection fees incurred.

In consideration for the professional services rendered to me by Jordan Landing Dental Care, I agree to pay the charges for the services at the time of treatment unless otherwise payment plans agreed upon prior. I further agree that a waiver of any breach of any time or condition hereunder shall not constitute a waiver of any further term or condition and further agree to pay all costs and reasonable attorney fees if suited be instituted hereunder.

We call/text, email as a courtesy to remind you of your appointments, but it is your responsibility to know and come day scheduled and on time agreed. A 2-business day cancellation notice is required for all appointments, there is a $75/hr. scheduled fee for Dr. time and $50 per hr. scheduled hygiene/ assistant time if not notified per policy in advance. A $25 return check fee and any incurred bank fees will apply to any return check fees. Any declined payment plans will have a $25 per day late fee attached if card declines/not paid as agreed on due date agreed upon. If you need to change card #'s or checks on file, please do so prior to date due.

I have read the above conditions of treatment and payment and agreed to their content.

SIGNATURE:_____DATE:_____RELATIONSHIP TO PATIENT:_____