



ADVANTAGE DENTAL

CONTRACT FOR SERVICES

IN CONSIDERATION FOR THE SERVICES RENDERED UNDER THIS CONTRACT, THE UNDERSIGNED HEREBY AGREE(S) TO PAY 18% INTEREST PER ANNUM ON ALL BALANCES WHICH ARE OVERDUE AND UNPAID SIXTY DAYS AFTER THE SERVICES ARE RENDERED; PLUS ATTORNEY’S FEES, WHICH ARE HEREBY STIPULATED TO BE 33 1/3% OF SUCH OUTSTANDING BALANCE, PLUS COURT COSTS, WHETHER SUIT IS FILED OR NOT. IN THE EVENT THE UNDERSIGNED FAIL(S) TO PROMPTLY PAY FOR THE SERVICES RENDERED UNDER THIS CONTRACT, THE UNDERSIGNED SPECIFICALLY AUTHORIZE(S) THE INFORMATION ON THE UNDERSIGNED AND FURTHER AGREES TO PAY ALL COSTS OF OBTAINING SUCH CREDIT INFORMATION AND / OR LOCATING THE UNDERSIGNED, AS MAY BE NECESSARY.

THE UNDERSIGNED UNDERSTANDS THAT MEDICAL/DENTAL INSURANCE CLAIMS MAY BE BILLED BY THE PROVIDER, AS A COURTESY, IF THE PROVIDER PARTICIPATES IN THE PATIENT’S INSURANCE PLAN, AND IF THE PATIENT PROMPTLY FURNISHES THE PROVIDER WITH ALL CORRECT INSURANCE INFORMATION. THE UNDERSIGNED IS FULLY RESPONSIBLE FOR ALL SUMS DUE WHETHER OR NOT INSURANCE COVERAGE IS AVAILABLE.

IN THE ABSENCE OF PROMPT PAYMENT, THE UNDERSIGNED UNDERSTANDS THAT MEDICAL, PERSONAL, AND FINANCIAL RECORDS CONCERNING THESE PROFESSIONAL SERVICES WILL BE RELEASED TO THE PROVIDER’S ATTORNEY FOR COLLECTION. THE ATTORNEY WILL ACT AS THE PROVIDER’S “BUSINESS ASSOCIATE” IN COMPLIANCE WITH THE FEDERAL “HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT.”

I, the undersigned, certify that:

- ( ) I am an active duty member of the U.S. Armed Forces.
( ) I am not an active duty member of the U.S. Armed Forces.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed: \_\_\_\_\_ Date: \_\_\_\_\_

Personal Representative’s Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient’s Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_



ADVANTAGE DENTAL

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