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**PRACTICE POLICY:**

It is the policy of this practice that fees be paid at the time services are rendered. We feel regular visits and preventative treatment are your best protection against long and costly procedures. However, when the costs of necessary treatment exceed your budget, we can arrange a payment plan for you in advance. You agree to be fully responsible for total payment of procedures performed, regardless of insurance coverage. In the event that your account should become delinquent, you agree to pay all collection and attorney fees.

Signature \_\_\_\_\_

Date \_\_\_\_\_