

STEVEN E. LYNN, D.D.S. FINANCIAL POLICY

THE UNDERSIGNED AGREES THAT ALL PAST DUE AMOUNTS SHALL BE CHARGED 1.75% PERCENT INTEREST PER MONTH ON THE UNPAID BALANCE COMMENCING THIRTY (30) DAYS AFTER BILLING. **THE UNDERSIGNED ACCEPTS FULL RESPONSIBILITY AND AGREES TO NOTIFY THIS OFFICE WITHIN TEN (10) DAYS OF ANY CHANGE OF ADDRESS.** THE UNDERSIGNED ASSUMES AND AGREES TO PAY FOR ALL COLLECTION AGENCY FEES PAID OR INCURRED BY THIS OFFICE. COLLECTION AGENCY FEES CAN BE UP TO AN ADDITIONAL FIFTY (50%) PERCENT OF THE AMOUNT TURNED OVER FOR COLLECTION. IN THE COURSE OF COLLECTION OF THE AMOUNT DUE, AN ATTORNEY MAY BE ENGAGED BY THIS OFFICE OR BY THE COLLECTION AGENCY TO HELP WITH THE COLLECTION. THE UNDERSIGNED AGREES TO PAY REASONABLE ATTORNEY FEES, COURT COSTS, AND OTHER COSTS PAID OR INCURRED BY THIS OFFICE OR OUR COLLECTION AGENCY WHILE COLLECTING THE AMOUNT DUE.

Patient and/or Responsible Party _____
(Signature)

Date _____