

**Jennifer Kugar, DDS, MSD**  
*Northeast Pediatric Dentistry, LLC*  
**Office Payment Policy**



**Please be aware that there is a \$55.00 charge for missing any appointments without 24 hour notice.**

As a service and courtesy to our patients, we will be glad to file an insurance claim for you if you have current dental insurance. **We expect payment of your anticipated portion at the time of service. If this amount is not paid, finance charges will begin after 30 days.**

I hereby agree that in the event of non-payment I will be held liable for collection costs, including but not limited to: collection agency fees, reasonable attorney fees (which you expressly agree that the reasonable attorney fees shall be the greater of: (1) 50% of the unpaid balance; or (2) \$400.00), court costs and interest at a rate of 18% per year, calculated daily, beginning from the last date of service or the last payment date. Unpaid balances shall also be subject to a data transfer of derogatory information about any unpaid balance to one, or all, of the three major credit bureau reporting agencies (*Experian, Equifax or Trans Union*). By signing below, I expressly authorize any collection agency or attorney involved in the collection of a debt owed by me to not only transmit this information but also to request a copy of your personal credit report (or credit profile) from one or more of the above referenced credit reporting agencies. \*\*\*There is a \$30.00 charge for any returned checks.

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Signature of Parent

\_\_\_\_\_  
Date