Dominguez Family Dental
Alexis Dominguez, DMD
3802 Ehrlich Road, Suite 208
Tampa, Florida 33624
(813) 968-2099

PATIENT AGREEMENT

I UNDERSTAND that payment for services rendered by this office is my responsibility even if I have insurance. In the event of insurance pre-authorization, any patient's co-payment and/or deductible is payable prior to the service rendered. I also understand that pre-authorization by my insurance does not represent a guarantee of payment. Any difference between the anticipated insurance payment and the actual insurance payment will be reconciled within forty-five (45) days of the receipt of the insurance payment to Dr. Dominguez's office.

I also understand that any charges not paid within sixty (60) days from the date of services rendered will be subject to a $30.00 late fee and referred to a **COLLECTION AGENCY** after ninety (90) days. I further understand that I will be responsible for any collection costs, court costs, and/or attorney's fees required to cover this balance.

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Signature of Patient or Guardian Date

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Name (Please Print) Witness