

**STUART W. BOEKELOO DDS PC
2525 SOUTH CLEVELAND AVENUE
ST. JOSEPH MI 49085**

**FINANCIAL POLICY
FOR PATIENTS WITHOUT DENTAL INSURANCE**

Payment in full is expected when services are rendered unless other arrangements have been made. Please read the statement below and sign.

Our office policy requests that at the completion of your appointment, payment is received for the charges incurred at that visit. This helps to slow the rise of your dental care costs by eliminating the need for mailing statements and reminders.

Any patient who has a financial agreement or payment plan is asked to have their scheduled payment in our office by the due date. If at any time your financial position has changed, please call. Arrangements may be possible if you are prompt in informing us of any changes.

If your account is past 90 days, monthly interest charges will be added to your account. Delinquent accounts will be subject to additional charges (25 % of the total balance) if an outside collection agency is needed.

Thank you for your cooperation.

Signature _____ Date: _____