miami implant perio

Beatriz E. Terry, D.D.S., M.S.
Diplomate, American Board of Periodontology

FINANCIAL RESPONSIBILITY AGREEMENT

THE UNDERSIGNED agrees, whether he/she signs as parent, spouse, guarantor, guardian, or patient, that in consideration of the services to be rendered to the patient, he/she hereby individually obligates himself/herself to pay the account. Should the account be referred to an attorney for collection, I authorize attorney to obtain my credit report; and the undersigned shall pay reasonable attorney's fees and collection expenses.

____
Print Patient's Name

Date:_______________

____
Patient's Signature

Date:_______________

____
Parent/Spouse/Guarantor Signature

Social Security No.:__________

* *

CONVENIO DE RESPONSIBILIDAD FINANCIAL

El suscrito/a conviene que al firmar como padre, esposo/a, fiador, guardian o paciente, asume la responsabilidad y obligacion por cualquier balance pendiente que derive a causa de tratamiento medico a dicho paciente. En caso de que la cuenta fuese referida a un abogado, yo autorizo al abogado que obtenga mi reporte de crédito; y el suscrito/a pagara dichas cuentas legales y asumira costos de coleccion.

____
Nombre del Paciente

Fecha:_______________

____
Firma del Paciente

Fecha:_______________

____
Firma de Padre/Esposo/A/Fiador

No. De Seguro Social.:__________

6361 Sunset Drive, Miami, Florida 33143 - (305) 275-1212
www.miamiimplantperio.com

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I,_____ am aware that there is a broken appointment fee for any procedures scheduled with Dr. Beatriz E. Terry or her hygienist should I fail to give 24 hours notice. I understand that time has been reserved on my behalf and that I am responsible for that time should I fail to give prior notice of a cancellation. The fees vary depending on the amount of time blocked according to the procedures.

These fees are as follows:

Periodontal Surgery:	$250.00
Scaling and Root Planning:	$75.00
Periodontal Maintenance:	$50.00
Implants:	$500.00
Any credit card processed cancellation:	$25.00

Signature:_____

Date: _____

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