Landmark Total Dentistry
Dr. Per T. Reiakvam
7400 E Crestline Cir., #240
Greenwood Village, Colorado 80111
303-759-3969
Fax: 303-996-0072

FINANCIAL CONSENT

I UNDERSTAND THAT THERE WILL BE A FINANCE CHARGE OF 18% AND A $1.00 BILLING FEE PER MONTH OF ANY OUTSTANDING BALANCE PAST 90 DAYS.

I AGREE TO BE RESPONSIBLE FOR ANY REASONABLE COLLECTION COSTS/FEES AND/OR ATTORNEY FEES INCURRED IN COLLECTING A DELINQUENT ACCOUNT.

I UNDERSTAND THAT THERE IS **$50.00** FEE CHARGED TO MY ACCOUNT FOR APPOINTMENTS THAT ARE **CANCELED** WITHOUT A **24 HOUR NOTICE** OR FAILED APPOINTMENTS.

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DATE

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PATIENT SIGNATURE (PARENT/GUARDIAN IF PATIENT IS A MINOR)