

PRO HYGIENE PA FINANCIAL AGREEMENT

Pro Hygiene and the designated financial representative_____

Do hereby enter into this financial agreement pertaining to prosthetics(dentures),

this ____ day of _____. It is hereby agreed by and between PRO HYGIENE and _____ the cost of service rendered will be \$_____, and half of the payment shall be payable at the start of service and balance to be paid in full at day of delivery of the denture.

The designated financial representative understands that 50% of the cost of the services are non-refundable and will be used for purchasing materials, lab fees, ect. The financial representative further understands that if the patient expires and the dentures have been brought to completion, they shall be responsible for the total cost.

I have read the above financial agreement and understand my financial responsibility. I further understand that final payment is due on day of final delivery of denture. If payment is not received within 10 days, a finance charge of 1.5% will be assessed each month until paid in full. If overdue bill is brought to collection, financial representative will be responsible for denture fee and all collection and legal fees.

Patient

Date

Designated Financial Representative

Date

Michael M. Blank D.D.S.

Date

Pro Hygiene

443-286-5552 Phone

P.O. Box 559

410-799-3931 Fax

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