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PLEASE BE ADVISED THAT WE FILE YOUR DENTAL INSURANCE AS A COURTESY, HOWEVER, IF YOUR INSURANCE DOES NOT PAY AS ESTIMATED, **YOU ARE RESPONSIBLE FOR ALL OF THE BALANCE.**

WHEN WE **ESTIMATE** YOUR PERCENTAGE, IT IS ONLY AN **ESTIMATE**. ALL INSURANCE COMPANIES HAVE THEIR OWN FEES THAT THEY BASE THEIR PAYMENT ON. THESE CHANGE ON A REGULAR BASIS!

IF YOUR BALANCE IS NOT PAID, AND HAS TO GO TO AN OUTSIDE COLLECTION AGENCY, OR ATTORNEY, A COLLECTION FEE OF 35% WILL BE ADDED TO YOUR PRINCIPAL BALANCE AND FROM THERE WILL BE YOUR FINANCIAL RESPONSIBILITY. PLEASE ALSO BE ADVISED THAT WE NOW REQUIRE ANY DEDUCTIBLES AND CO-PAYS TO BE PAID AT THE TIME OUR SERVICES ARE RENDERED.

PATIENT OR GUARDIAN x _____