

## Welcome

Dr. Norman P Don, D.D.S., P.C.  
Dr. Kacy J. LaFleur, D.D.S.  
4015 E. Paradise Falls Dr.  
Suite 129  
Tucson, AZ 85712  
(520) 795-1316

Date: \_\_\_\_\_

Name: \_\_\_\_\_

### Patient Agreement and Notice of Office Policy

I understand that payment in full is expected at the end of my visit, unless other arrangements are made with this office. All insurance co-payments and deductibles are also due at the end of each visit.

I hereby authorize my insurance benefits to be paid directly to Dr. Don and/or Dr. LaFleur and I am financially responsible for all services and fees incurred due to denial of benefits.

I also authorize the doctor to release any information required to process insurance claims on my behalf.

In the event that this account remains unpaid for 90 days and must be placed in collection, patient agrees to assume responsibility for all finance charges, collection fees, attorney fees and court costs. Patient also agrees to pay 1.50% interest each month on any unpaid balance (18% per annum).

**Patient agrees to kindly give 24 hours notice when canceling an appointment or pay a \$50.00 missed appointment fee for each appointment missed.**

Signature: \_\_\_\_\_