

**Dr. David Carithers**  
**238 Main Street**  
**Loganville, Ga 30052**  
**770-466-2231**

In compliance with the truth in lending law, here is our credit policy; It is customary to take care of the fee at the time service is rendered unless other arrangements have been made with our business office. On reconstruction cases, (crown and bridge, partials, and dentures,) 50% of the fee is due at time treatment begins and balance at time of insertion.

If you have dental insurance, we will accept assignment from your insurance company provided you pay your deductible prior to treatment plus any portion of the fee not covered by your insurance company. If payment is not received from your insurance company within 60 days of the date of service, you will be billed for the entire portion. When you receive a statement for service due, payment is due within 10 days of the statement.

Any account not paid in full within thirty days will automatically have a 2% per month service charge (24% per annum) added. Should your account be turned over for collection, you will also be responsible for any costs incurred.

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

Signature of patient or responsible party \_\_\_\_\_

I authorize the release of any information pertaining to any insurance claim filed on my behalf.

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

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

I hereby authorize payment directly to my dentist of the group insurance benefits otherwise payable to me.

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

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