

**Derek C. MacLean, D.D.S., Sherrie K. MacLean, D.D.S,
Terry A. Truesdale, D.D.S, Patrick D. Thompson, D.M.D.
860 Seven Hills Drive
Henderson, NV 89052**

FINANCIAL AGREEMENT

I agree to pay for all services rendered (excluding the portion covered by my insurance). I understand that Seven Hills Dental Center will submit my claims to my insurance company as a *courtesy* to me and are not required by law to do so. The claims will be billed a maximum of 3 times, and in the event of non payment, I am responsible to follow up with my insurance and pay my account in full. Copayments are given as an estimate and may not be exactly what the insurance pays. If less is paid by my insurance than estimated by the Seven Hills Dental Center staff, I understand that I am responsible for any remaining balance including any procedures downgraded by the insurance company. I understand that the dental office is contracted with me as a patient and not my insurance company; I will be responsible for the balance due on my account.

In the event it becomes necessary to take any action to collect any amount due, the patient or responsible party agrees to pay all costs and expenses incurred therewith, including the maximum attorney fees and collection fees permitted by law.

Signed: _____ Date: _____