

 **WOODLANDS ENDODONTICS, P.C.**

9001 Forest Crossing, Suite G  
The Woodlands, Texas 77381  
(281)681-0100

**Brad Mize, DDS    Kevin Selden, DDS**  
**Practice Limited to Endodontics**

## **Financial Agreement**

### **Patients WITH Dental Insurance**

You are the person responsible for the payment of services rendered, **NOT** your insurance carrier. You will be required to pay a percentage of our fee. This fee is based on services rendered in an endodontic specialty practice.

Because we are agreeing to collect only a percentage of our fee today, we need to have a method of charging your account balance if we have not received payment in full from you or your insurance company within 60 days. **Please provide a credit card number below.**

*If you are unable or unwilling to provide us with your credit card number, we will require you to pay in full for all services provided today.*

**\*\*\*NO HEALTH SAVINGS CARDS: HSA, FSA, DEBIT, ETC\*\*\***

<u>Amex, Visa, MC, Discover</u> (circle one)	_____	_____	
	ENTER CREDIT CARD NUMBER HERE	Exp. Date	
<b>CIRCLE ONE:</b>	<b>CASH</b>	<b>CREDIT CARD</b>	<b>CHECK</b>

---

**I have read this policy and agree to the terms and conditions stated herein.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

\*\*\*\*\*

### **Patients WITHOUT Dental Insurance:**

Payment for services are due in full at the time of service.

**CIRCLE ONE: CASH CREDIT CARD CHECK CARECREDIT**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_