

**Jason Augustine, DDS, MS, PC & Associates**

**Jason J. Augustine, DDS, MS, PC Dirk M. Donovan, DMD, MSD**

**Financial Responsibility**

We accept Visa, Master Card, Discover, American Express, Cash, Check, Money Order, and Debit Cards

- I (we) understand and agree that any services not covered or paid by my insurance carrier are my responsibility.
  
- I (we) understand that if I (we) default on payment, an outside collection agency may be used. I (we) understand that I (we) will be responsible for collection fees up to 50% of the outstanding balance. I (we) also understand that interest of 2% per month shall be charged on the outstanding principle balance. I (we) also understand should suit be brought against me, I (we) will be responsible for court costs and attorney fees.

For patient named \_\_\_\_\_

Patient/Guardian signature \_\_\_\_\_

Print name \_\_\_\_\_

Date \_\_\_\_\_