



BARBEE DENTAL
J. Scott Barbee, D.M.D., P.S.C.
1830 Destiny Lane, Suite 119 • Bowling Green, KY 42104
(270) 393-9925 Voice • (270) 393-9928 fax

FINANCIAL RESPONSIBILITY AGREEMENT

This Agreement is entered into between J. Scott Barbee, D.M.D., P.S.C. ("Barbee Dental") and the Parent/Guardian/Responsible Party ("Responsible Party") identified below.

1. **Time When Payment Is Due:**

Payment for all services rendered by Barbee Dental is due at the time that care is provided, except in those instances where pre-payment is required.

2. **Effect of Receiving Treatment:**

By accepting treatment from Barbee Dental, you represent and acknowledge as follows:

- a. that you have legal authority to consent to treatment on behalf of the patient;
- b. that you are authorizing Barbee Dental to render all necessary or beneficial treatment, as determined in Barbee Dental's professional judgment (including determinations made by licensed members of Barbee Dental's office staff);
- c. that Barbee Dental's charges are presumed to be reasonable and appropriate for the services rendered; and
- d. that you are accepting legal responsibility for paying all charges in full in accordance with this agreement.

3. **Scheduling Changes:**

Scheduling changes or cancellations must be made at least 24 hours in advance. Failure to advise Barbee Dental of scheduling changes or cancellations in accordance with this agreement will result in your being charged for a missed appointment.

4. **Assistance with Insurance Claims:**

Upon request, we will assist you in obtaining an estimate of benefits payable by your insurance company (dental & medical). Regardless of any action taken by your insurance company, you will be responsible for paying Barbee Dental's charges in full in accordance with this agreement.

5. **Recovery of Collection Expenses:**

You agree, in order for us to service your account, notify you of information pertaining to your account or medical condition, or for the purposes of collections, we may contact you by telephone at any number provided by you, including wireless telephone numbers. We may also contact you via email or text message using any email address you provide. Methods of contact may include the use of pre-recorded and artificial voice messages and/or use of an automated dialing device. You agree that if this account is not paid when due, and Barbee Dental should retain an attorney or collections agency for collections, YOU AGREE TO REIMBURSE US THE COLLECTION FEES OF ANY COLLECTION AGENCY, WHICH SHALL BE BASED ON A PERCENTAGE AT A MAXIMUM RATE OF 33 1/3% OF THE AMOUNT DUE AT THE TIME YOUR ACCOUNT IS PLACED WITH A COLLECTION AGENCY, AND ALL COSTS AND EXPENSES INCURRED FOR ANY COLLECTION EFFORTS ON YOUR ACCOUNT, INCLUDING REASONABLE ATTORNEY'S FEES INCURRED BY THE COLLECTION AGENCY. THIS CONTRACT SHALL COVER ALL MEDICAL TREATMENT AND SERVICES UNTIL REVOKED BY EITHER PARTY IN WRITING.

PLEASE DO NOT SIGN THIS AGREEMENT UNTIL YOU HAVE READ AND UNDERSTOOD IT.

 Parent/Guardian/Responsible Party

Print Name: _____

Date: _____