



6040 S. Fashion Blvd. #100  
Murray, Utah 84107

### **Payment Policy**

Payment is due the day service is received. If you have insurance, we are happy to bill them for you. We will check your insurance and give you an **estimate**, based on the information we receive from your insurance company. If for any reason your insurance doesn't pay all that was **estimated**, you are responsible for the balance.

We accept Cash, **Check, Visa, Mastercard, Discover, American Express, Care Credit** for your convenience.

If a dependant comes to their appointment on their own, they need to bring the estimated portion with them.

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By signing below I agree to pay all amount(s) owed on date of service. I understand that it is my responsibility to provide my correct/ updated insurance information coverage, I agree that it is and shall remain my responsibility to pay all amounts owing as set forth herein. I agree that interest will accrue on all amount(s) due over 30 days at the rate of 18% per annum (1.5% per month) until paid in full. In the event any amount(s) is/are referred to a third party debit collection agency, I agree that is addition to any other amount(s) allowed by law (such as interest, court costs, reasonable attorney fees etc). I will also be responsible for a collection fee of up 33% of the principal amount(s) owing as allowed by Utah Code Annotated, sec. 12-1-11. The terms of this paragraph shall apply to all amount(s) incurred by me or by any individual for whom I have legal responsibility whether such amount(s) are incurred today or after today.

Please list all dependants

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\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of patient, parent or legal guardian

\_\_\_\_\_  
Date