

James C. Thurman D.M.D., Inc.
Steven M. Welborn D.M.D.
Amy Norris Cassady D.M.D.
101 State Ave.
Glasgow, KY. 42141

FINANCIAL AGREEMENT:

As our patient, we want to provide you the best care possible. There may be certain services that we feel are necessary for the maintenance of good oral health, which are not covered by insurance. You are responsible for all services not covered by your insurance. AN ESTIMATE OF YOUR COPAYMENT IS DUE AT THE TIME OF SERVICE. If you prefer to make monthly payments, Care Credit is available in our office where interest free payments can be made over a 12 month period. Please inquire if interested.

Please indicate the form of payment you choose to settle your account.

- Cash or Check
- Major Credit Card
- Care Credit

ACKNOWLEDGE OF RECEIPT OF NOTICE OF PRIVACY PRACTICES:

I acknowledge that I have received or read a copy of the office's Notice of Privacy Practices. (Copy located on bulletin board)

ASSIGNMENT AND RELEASE:

I assign to Drs. Thurman, Welborn and Cassady insurance benefits issued from my insurance company. I hereby authorize this office to release all information necessary to secure the payment of benefits. I also authorize the use of this signature on all my insurance submissions whether manual or electronic.

The Signature below is acknowledgement of Hipaa Consent, Notice of Privacy Policies, Insurance Authorization and Release and Financial Policies of this office.

Signature:

Date: