

Peter J. Kaufman D.M.D., P.A.
Oral and Maxillofacial Surgery

3900 Clark Road Bldg I
Sarasota, FL 34233

123 Shamrock Blvd
Venice, FL 34293

Terms of Services Rendered:

I fully understand that Peter J. Kaufman, D.M.D.,P.A. has opted out of the Medicare system. Medicare patients agree not to submit claims nor can Dr. Peter J Kaufman, DMD PA, on there behalf. Patients will not receive any Medicare benefits on services rendered in this office.

____ (Initials)

I fully understand that the practice of Peter J Kaufman, D.M.D., PA does not accept medical insurance. Claims are sent to dental insurance companies only.

____ (Initials)

I fully understand that payment is due upon services rendered; our office does not accept payment plans.

____ (Initials)

I fully understand that insurance prices/coverage quoted over the phone to a representative of Dr. Kaufman, D.M.D.,P.A. are not a guarantee of payment.

____ (Initials)

I fully understand that when services are filed to my insurance and for some reason not covered by my insurance, it is then my responsibility to pay the remaining balance. Accounts will be sent to collections after 90 days if not paid in full.

____ (Initials)

I fully understand that accounts overdue will receive a notice of delinquency. Ten days after the notice of delinquency is sent, the overdue account will be forwarded to collections for further action.

____ (Initials)

I fully understand that should my account become delinquent, I will be responsible for all collection costs, including but not limited to: the outstanding balance, attorney fees, court costs, and collection agency fees (25% of amount owed).

____ (Initials)

I fully understand and agree to the terms and conditions listed above.

Guarantor Name: _____ Date: _____