

Payment Agreement

- A. Client(s)/Patient(s) agree to pay MDC all fees and charges.
- B. Client(s) /Patient(s) agree to pay all future fees in full to MDC within 10 (Ten) days of incurring said fees.
- C. All checks and payments must be made payable to MDC A check or payment not honored by Client(s)/Patient(s) financial institution will be subject to a \$25.00 NSF fee.
- D. Any payment not made by the due date will be subject to a \$39.00 late payment fee.
- E. Client(s)/Patient(s) understand that if they do not fully comply with the terms of this agreement or do not perform as per this agreement they will be considered in default.
- F. Client(s)/Patient(s) will, in the event of a default, be fully responsible for interest on the remaining balance at 23% (twenty three percent) per annual and all costs of collection including, but not limited to reasonable attorney fees. If more than one client, all will be jointly and severally liable, and notice to one will constitute notice to all.
- G. Client(s)/Patient(s) understand that if full payment of all charges owed to MDC is not received within 5 (five) days after the cancellation of agreement and services MDC will collect charges owed to MDC in full, the debt will be collected via collection agencies and/or court. MDC reserves the right to hire attorneys, collection agencies, and the court of law if such means are necessary to collect the debt.
- H. This agreement will be deemed complete upon payment in full.
- I. Services provided solely by MDC are dental consulting-treatment services only. Consultation fee(s) are non-refundable. The client agrees to and follows all terms and instructions in this agreement within the time limits set in this agreement. If client fails to follow terms, conditions and instructions within this agreement at any time for any reason client understands and agrees that this agreement will be terminated.
- J. Client(s)/Patient(s) understand that it is their responsibility to schedule and keep all the appointments that are necessary to complete the treatment.
- K. Client(s)/Patient(s) understand No Shows/Short Notice Cancellations policy. A 24-hour notice required to cancel your appointment without penalty. The penalty fee will be subject to \$25.00 No Show fee.
- L. Client(s)/Patient(s) agree to call MDC to confirm their appointments. If appointment is not confirmed 24 hours prior to the appointment, the time of your appointment will be given to someone else.
- M. Client(s)/Patient(s) agree to inform MDC of any changes to their address, contact information and payment arrangement information when and if any changes take place.

A written and signed agreement between the parties is necessary to perform the service.

By signing this agreement I agree to, accept and understand all the terms and conditions and agree to indemnify, defend and hold harmless the provider, its officers, directors, employees, agents, partners, volunteers and assigns from and against all claims arising out of or resulting from their participation in this process. "Claim" as used in this agreement means any financial loss, claim, suit, action, damage, or expense, including but not limited to attorney fees and any loss of use resulting thereof.

I hereby voluntarily hold harmless the provider, its officers, directors, employees, agents, partners, volunteers and assigns from any and all claims, both present and future, that may be made by the client, their family, estate, heirs or assigns.

In the event that it becomes necessary to enforce any of the terms of this agreement the defaulting party agrees to pay all reasonable attorney fees incurred therein.

Your signature(s) acknowledges receipt of this agreement.

I have read and understand, agree to, and accept this agreement in its entirety and have received a copy of this agreement.

Signature: _____ Date: _____

Print Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____