Thomas Q. Buza, D.D.S ~ Robert G. Renfro, D.D.S.
801 N. Wilmot Road, Ste B4 ~ Tucson, AZ 85711
520-745-6891 (Phone)
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PAYMENT AGREEMENT

Thank You for choosing our practice! First and foremost we are committed to the success of your dental treatment and plan of care. Please understand that payment of your bill is part of this treatment and care. For your convenience, we have information regarding commonly asked financial policy questions below. If you need further information about any of these policies, please ask to speak with one of our Business Office Representatives.

NO INSURANCE/SELF PAY: Payment is expected in full at the time of service.

HOW MAY I PAY? We accept payment by Cash, Visa, MasterCard, Discover, American Express or Check. In the event your bank returns your check to our office unpaid, there will be a $25 return check fee charged to your account. Please discuss payment for services to be rendered with our Business Office ***prior*** to having any treatment.

OFFICE VISITS & OFFICE SERVICES: Dental insurance plans state that payments including ***co-pays and deductibles are to be collected for office visits at the time of service***. Upon request, a member of our Business Office staff will review any deductibles and out of pocket expenses you are responsible for as outlined by your insurance plan. **These administrative services are provided as a courtesy and do not guarantee any coverage or payment from your insurance plan as plans may change at any time.**

INSURANCE & PAYMENT: Our business office will assist you in benefit information. This service is provided, as a courtesy, and does not guarantee insurance coverage or payment. It is your responsibility to understand the benefits you have available. Please keep in mind any calculated co-pays are an ***estimated*** cost. Unfortunately, there is always the possibility that after your insurance pays its portion you may still have a balance due. Accounts over 30 days will be subject to interest fees.

NO SHOW—CANCELLATION FEES: If you are unable to keep a scheduled appointment please call us as soon as possible so we can assist you in rescheduling. Two working days notice is required for all patients cancelling or rescheduling office visits. If our office does not receive adequate notice you will be charged $25 for the missed office visit and $50 for any time blocked for over one hour with Dr. Buza or Dr. Renfro.

ACKNOWLEDGEMENT: *I have read, understand and agree to the above Payment Policy. I understand that my co-payment, co-insurance and deductibles are due and payable at the time of service. I understand that charges not covered by my insurance company as well as applicable copayments and deductibles are my responsibility.*
In the event that outside collection and/or legal costs are incurred by this office to obtain payment due, responsible party agrees that they will be liable for any costs incurred.

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Date	*Print Patient Name*	*Signature of Financially Responsible Party*