



Robert F. Walker, Jr., DDS, FAGD, LVIF
1120 S. Dobson Rd. Ste. 105
Chandler, AZ 85286
480.786.4000

PAYMENT POLICY

We are happy to file your insurance for you. However, your ESTIMATED portion (including deductibles and noncovered services) is due at the time of service. Due to the large number of insurance companies and various insurance plans, we can not guarantee the exact amount that your insurance company will pay for each procedure. ***Please note that if you have secondary insurance we will assist you in filing a claim, however your estimated portion will be based on your primary insurance. This may or may not result in you receiving a refund from our office.

I am aware that any balance due on my account is my responsibility to pay. In the case of default of payment I promise to pay any legal interest on the balance due, together with any collection costs and reasonable attorney fees incurred to affect collection on this account.

Patient Signature

Date

NO SHOW POLICY

Please be considerate to our office and other patients by giving 24 hours notice if you will not be able to keep an appointment. Both Dr. Walker and the hygienist only see one patient at a time. There will be a \$50.00 charge for missed appointments.

Patient Signature

Date