



**Park-West Pediatric Dental Associates, Ltd.**

*Kids Dental Experts*

125 Siegler St. • Green Bay, WI 54303

920-592-8940 • 800-441-9477 • Fax 920-592-8953

**FINANCIAL PARTY for Adult Patients**

Account Number \_\_\_\_\_

I hereby take full responsibility for the DS dental bill of:

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*(Name of Patient)*

All fees not covered by insurance and deductibles will be collected at the time of service. Payments are accepted in the form of cash, check, money order, debit, MasterCard, VISA and Discover Card. Since we have eliminated patient billing, our Easy Pay Software can store your credit, debit, or flex card information until insurance settlement has been received and any remaining balances will be processed at that time. A courtesy discount may be granted to patients who have no outstanding balance and are paying in full for that days service. A monthly 1% (12% yearly) or minimum \$2.00 past due fee will be charged on any delinquent account. Any balance not paid within 45 days regardless of insurance will be processed to your card on file, or will be subject to collection proceedings.

A \$25.00 service fee will be charged to your account if a non-sufficient funds check has been written.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
*(Signature of Financial Party)*

Relationship to Patient \_\_\_\_\_

***PLEASE SIGN AND RETURN THIS FORM TO PARK-WEST PEDIATRIC DENTAL***

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Dr. James J. Conrardy • Dr. Eric J. Van Miller • Dr. Meredith A. Evans • Dr. Stephanie Pagels  
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