Financial Responsibility Consent

Richard A. Willis, D.D.S
2409 Main Street
Santa Monica, CA 902405
(310) 392-8313

Date ....

Patient...

Financially responsible party ....

Total Fee ....

Minimum due today ....

Our office will bill your insurance as a courtesy to you. Please be advised that some or all of the services rendered today may not be covered by your insurance, due to limitations or exclusions in your policy. Any residual balance after your insurance remits will be due and payable by the financially responsible party listed above.

Please be informed that we are going to add charges for return checks and/or collection costs.

Cancellations of missed appointments without 48 hours notice will incur a $70.00 fee.

We appreciate your cooperation.

Signature of financially responsible party ....