

# *Hillcrest Dental*

4575 N.E. 4th St., Suite 5  
Renton, WA 98059  
(425) 793-5814

## *Payment Consent*

### *Cash Payments:*

Payment is due in full at the time of treatment unless prior arrangements were made.

- We accept Debit, Cash, & Credit Cards.
- Sorry, No Checks Accepted.

### *Insurance:*

Unless prearranged payment with Hillcrest Dental, payment of the uncovered amount of insurance, if any, is due at the time of treatment. If no payment is received from your insurance company within 60 days, **you are responsible for the balance in full.**

### *Cancellation or "No Show" Appointments:*

Any Cancellation/ No Show without 24 hours notice subject to **\$50.00** charge.

### *Patient's X-rays and Record Fee:*

Patients are required to pay **\$50.00** for a copy of the X-rays/ Records.

### *Agreement:*

As a patient, or legal guardian of a minor, I agree to pay for all services rendered in accordance with the terms and conditions stated above. I hereby authorize Hillcrest Dental to provide my insurance company with all required information concerning my dental treatment. Furthermore, I am obligated to make direct payment to Hillcrest Dental related to any dental expenses accrued.

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**Print Name of Patients or Legal Guardian**

\_\_\_\_\_  
**Signature of Patient or Legal Guardian**

\_\_\_\_\_  
**Date**