



Family & Esthetic Dentistry

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## Financial Policy

We will do our best to work with your insurance policy as best as we can. However, we can only estimate what your insurance policy will pay. It is only an estimate as your insurance does not guarantee payment. We will file your dental claims and follow up on these claims as a courtesy to you. Your insurance is a contract between you and the insurance company, and it is your responsibility to know your insurance benefits.

AGREEMENT TO PAY: I, the undersigned, accept the fee charged as a legal and lawful debt and agree to pay said fee including any and all collection agency fees (33 & 1/3 %), attorney fees, and/or court costs, if such is necessary. I waive now and forever my right of exemption under the laws of the constitution of the state of Alabama and any other state.

CONSENT TO CONTACT CONSUMER BY CELL PHONE: You agree, in order to serve your account or to collect monies that you owe, Signature Smiles of Cullman, PC and/or our agents may contact you by telephone at any number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages and emails, using any email address that you provide us to use. Methods of contact may include using pre-recorded/artificial voice messages and/or use of automatic dialing device as applicable. **I have read this disclosure and agree that Signature Smiles of Cullman, PC, its employees, and/or agents may contact me as described above.**

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Responsible Party Signature

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Date