

# *Jennifer E. Key, D.M.D*

**Practice Limited to Endodontics**

NOTICE: All fees must be paid in full the day services are rendered, unless prior arrangements have already been made.

This notification is to eliminate any misunderstandings regarding payment for endodontic treatment before your treatment begins. It is your responsibility to ask the office manager any questions about payment BEFORE your treatment begins. Payment is expected at the time of service and you are responsible for all charges. By signing this statement, you are agreeing to fulfill your financial obligation today to this office.

Based Upon the foregoing:

1. The Undersigned does hereby agree that the undersigned is responsible for the financial obligation incurred as a result of the services provided.
2. The undersigned agrees that failure to pay may result in legal action being taken against me to collect the amount owed.
3. The undersigned agrees to pay any and all reasonable attorney fees that may be incurred should I fail to pay in full for services rendered in accordance with any agreement that I make.

Thank You

---

Signature of responsible party

Today's Date \_\_\_\_\_