

*Brian F. Coats, D.D.S., P.C.*

1305 SUMNER, SUITE 300  
LONGMONT, CO 80501  
TELEPHONE (303) 776-4090



## PATIENT FINANCIAL AGREEMENT

Effective

I hereby authorize payment directly to Dr. Brian Coats, D.D.S. and authorize the release of any medical information necessary to process insurance claims and for utilization review and quality assurance.

I voluntarily consent to treatment for myself and/or dependents.

I understand that I am financially responsible for all charges not covered or billed to any insurance or third party payor and/or not paid to Dr. Brian Coats, D.D.S for any reason within a time period deemed reasonable by Dr. Brian Coats, D.D.S.

Should the account be turned over to collections, I will pay all costs of collections including, but not limited to, agency fees, attorney fees and court costs. I further understand that a monthly finance charge of 1.5% (18.00% annually) will be assessed on any unpaid balance.

Signature of Patient/  
Responsible Party \_\_\_\_\_

Date: \_\_\_\_\_