

Harry E. Goza, Jr., D.D.S.
Erin T. Rhodes, D.D.S.

814 South 28th Avenue
Hattiesburg, MS 39402

Financial Policy

I understand that I am responsible for the payment of services rendered to me by this clinic. Full payment is due at the time of service unless other arrangements have been made. I understand that any part of my bill that insurance does not pay I am responsible for. Any unpaid balances greater than 30 days will accrue a 1.5% service charge per month. I also understand that if my account should ever require collection action by a collection agency or attorney to ensure payment, the fees charged by these agents up to 25% of the unpaid balance will be assessed along with legal fees if account is placed in litigation.

We accept payment by cash, check, Visa, MasterCard, and Care Credit.

Name: _____ Date: _____

Printed name: _____

Witness: _____ Date: _____