

Dentistry for Children  
Michael and Chan Smiles, Ltd.  
850 I Street  
Sparks, NV 89431



**COLLECTION FEES**

**FINANCIAL CONTRACT/AGREEMENT**

1. I understand that if I do not pay my account with Dentistry for Children in full that my account may be assigned to a collection agency for collection.
2. I understand that if my account is assigned to a collection agency that the collection agency will charge a commission or fee that may be as much as 50% of the account I owe to Dentistry for Children. I agree that if my account is assigned to a collection agency that Dentistry for Children may add the amount of the collection agency's commission or fee to the amount that I owe Dentistry for Children, and that I agree to pay that addition amount.
3. I understand that the addition of a collection agency's fee or commission to my unpaid balance may well result in my owing a sum substantially in excess of the amount owed for the rendition of dental services. I understand, for example, that if the unpaid balance I owe to Dentistry for Children is \$1,000, that Dentistry for Children may add up to \$500 to my account, and I agree to pay the sum of \$1,500 in such an event.
4. I understand and agree that in the event legal action is commenced to enforce my obligation hereunder, that I will pay court costs and reasonable attorney's fees.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Children's name(s) \_\_\_\_\_