

Peter M. Tufton D.D.S.
(504-362-5270)

Office Policy:

WE DO NOT HAVE ANY TYPE OF PAYMENT PLAN(S)

PAYMENT IS DUE IN FULL AT EACH AND EVERY VISIT!!!!!!!

If you have insurance, an estimate will be calculated and YOU are responsible for YOUR portion AT THE TIME SERVICE(S) ARE RENDERED.

ANY UNPAID balance over 90 days will be sent to my attorney for collections. ANY ATTORNEY FEE(S) WILL BE the responsibility of the PATIENT/PARENT/GUARDIAN.

I have read, fully understand, and agree to the above terms.

Print Name: _____

Date: _____

Signature: _____

Date: _____