

ADDENDUM TO FINANCIAL POLICY

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(904) 264-9096

ACCOUNTS SENT TO COLLECTIONS

I understand that if it is necessary to commence collection proceedings, a collection fee of 50% of the outstanding account balance will be added to the amount due. The responsible party for this account will be responsible, not only for the outstanding balance due, but for this collection fee as well.

I certify that I have read and understand the above information.

PATIENT'S NAME \_\_\_\_\_

RESPONSIBLE PARTY'S NAME \_\_\_\_\_

RESPONSIBLE PARTY'S SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_