



**Mark D. Williams, D.M.D.**

1216 23rd Avenue - Meridian, MS 39301  
601.693.3232 www.markwilliamsdmd.com

Authorization and Release

The undersigned accepts responsibility to pay the account of the named patient pursuant to the terms contained in the following paragraphs.

All accounts are due and payable when services are rendered and shall be delinquent and bear interest at a rate of 1.5% per month thereafter. Should full payment not be made when due the undersigned agrees to pay all costs of collection, including a reasonable attorney fee not to exceed 33.3%. Further, the undersigned agrees that time for payment may be extended or other such indulgence granted by Mark Williams, D.M.D. but that any such action shall not constitute a waiver of any right by the said Mark D. Williams, D.M.D.

The patient should understand that the dental insurance is a contract between a third party and the patient/employer to assist the insured in meeting his/her dental financial obligations. It is not intended to relieve the patient of financial responsibility.

I authorize Mark D. Williams, D.M.D. to make whatever inquires it deems necessary in connection with any Truth and Lending Statement and in the course of review or collection of any credit extended in the office. I further authorize any person or Consumer Reporting Agency to complete and furnish Mark D. Williams, D.M.D. any information that it may have or obtain in response to such inquires, and agree that such information, along with this Truth and Lending Statement shall remain Mark D. Williams, D.M.D.'s property, whether or not credit is extended.

Agreed to this the \_\_\_\_\_ day of \_\_\_\_\_

Signed (patient or responsibility party) \_\_\_\_\_