

Financial Agreement
for
Dr. Dianna Henson
2305 A Pacific Avenue * Forest Grove, OR 97116

I acknowledge that payment is due at the time of treatment unless other arrangements have been made. I agree that parents, guardians, or personal representatives are responsible for all fees and services rendered for treatment of a minor child. I accept full financial responsibility for all charges for services or items provided to me, to my minor child, or to the patient for whom I have legal responsibility. I understand that filing a claim with my insurance company does not relieve me from my responsibility for the payment of all charges including, but not limited to, those services not covered or have been deemed unbillable to my insurance company.

Signature of patient, parent, guardian or personal representative

Date

Please print name of patient, parent, guardian or personal representative

Date