

Basking Ridge Dental Group  
20 North Finley Avenue  
Basking Ridge, NJ 07920  
(908) 696-1588  
Email: [xrays.brdg@verizon.net](mailto:xrays.brdg@verizon.net)

Please note these additional charges billed to the patient by our office:

- All balances that reach 90 days past due will be sent to our collection agency. Should your account be sent to collections, you will be financially responsible for ALL collection fees in addition to your unpaid balance.
- Returned checks will be subject to an additional bank fee of \$35.
- Release of your medical records may be subject to a per page fee.
- A missed, cancelled or rescheduled appointment within 24 hours may be subject to a \$75 charge.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE POLICY SET FORTH BY BASKING RIDGE DENTAL GROUP, P.C., AND I AGREE TO THE TERMS OF THIS FINANCIAL POLICY. I ALSO UNDERSTAND AND AGREE THAT THE TERMS OF THIS FINANCIAL POLICY MAY BE AMENDED BY THE PRACTICE AT ANY TIME WITHOUT PRIOR NOTIFICATION TO THE PATIENT.

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Signature of Patient/Guardian

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Date