



**John J. Kozicki, D.D.S.**

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4770 Rochester Road  
Troy, Michigan 48098  
Tel: (248) 689-9191  
Fax: (248) 689-5636

## FINANCIAL POLICY

Any and all debts owed for services shall be paid when services are rendered. Fees for canceled/broken appointments (\$75) must be paid before the appointment is rescheduled. If an account remains unpaid following 30 days, it will be considered past due. Past due accounts will be charged an interest rate of 5 % annually.

Any account remaining unpaid for a period of more than 90 days will be sent to our collection agency with an added fee of 40% of the balance for the expenses of involving the collection agency. You will be notified by mail of this action.

The office of John J. Kozicki D.D.S. has a right to collect any legitimate debt owed to them. I ( the undersigned) acknowledge this policy and agree to the terms and conditions.

printed name \_\_\_\_\_

signature \_\_\_\_\_

date \_\_\_\_\_