



FINANCIAL AGREEMENT

Thank you for choosing Concord Dental Care! Our primary mission is to deliver the best and most comprehensive dental care available.

Please note:

- Concord Dental Care requires payment the same day of treatment.
- For patients with dental insurance we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment.
- Please remember that insurance reimbursement is *estimated* only and may not reflect what your insurance carrier will actually cover. In the event where we do not receive payment from your insurance carrier within 90 days, *you are responsible for full payment* of any treatment rendered.
- For our patients without the benefit of dental insurance, we offer a 10% courtesy accounting adjustment when paying by cash or check.
- Concord Dental Care charges \$25 for returned checks.

Payment Options:

- You may pay by cash, check or major credit/debit card
- You may apply for a line of credit for dental work (i.e., CareCredit or TheLendingClub). We can let you know within minutes how much you qualify for using this payment option.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

I understand and agree with this Financial Agreement.

Person responsible for Account (Print)

Signature

Date