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Financial Agreement

Our mission is to deliver the finest, most cost effective dental care treatment available today. We appreciate the opportunity to provide this care to you and your family. Following the diagnosis the doctor will advise you of our plan for treatment. Additionally, we will discuss with you the cost of today's and future treatments.

If you have insurance we will gladly process your insurance claim, estimate your deductible and the portion not paid for by your insurance. The estimated amount not covered or paid for by your insurance is due at the time of treatment and may be paid by any one of the options below. Please understand we cannot guarantee any estimated coverage. Our estimates are subject to final approval by your insurance company; therefore the amount due our office is subject to change. If you prefer a more accurate amount for your portion of services, we will gladly preauthorize your treatment plan for you.

Please note, because the insurance policy is an agreement between you and your insurance company, we expect all patients or their guardians to be fully responsible for knowledge of your insurance benefits, as well as fully and directly responsible for all charges regardless of insurance coverage. Please be assured that we will do everything possible to see that you receive your full benefits in a timely manner. We will wait for the insurance portion for 30 days from the date services were performed. If for some reason your insurance has not paid their portion within 45 days, you are responsible for the full payment at that time. We will promptly reimburse you if our office receives any insurance benefit after that time.

Payment for today's visit and your future visits are due at the time of treatment unless other arrangements have been made. When paid at the time of treatment non-insured patients will receive a 5% discount if the total is greater than \$100. Seniors also receive an additional 5% savings.

We are sensitive to the fact that some people may not be able to pay cash at the time of treatment; therefore we offer extended monthly payment plans for your convenience.

3 Month Payment Option- Pay your balance in 3 months or less and no interest will be charged to your account. We accept credit cards, cash, check or money order.

Care Credit- This is a separate line of credit which does not affect the balances of your other credit cards. There are no annual fees, and there is also a deferred interest option. Please ask if you are interested.

We understand there can be very good reasons to cancel your scheduled appointment, and we will be happy to reschedule for you. However, we ask that you give the office at least a 24-hour notice if you are not able to keep your reserved appointment. If a cancellation is made within that 24-hour period, there will be a \$25 fee charges to your account.

Accounts outstanding more than 30 days from the treatment date (insurance and terms excepted) will bear interest at 1.5% per month or 18% annually. All accounts unpaid after 120 days will be sent to a collection agency and will be subject to any collection charges.

Signature of patient/ responsible party

Date

Print name/ relationship to patient