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Financial Agreement

Patients With Dental Insurance

The patient/guarantor understands that they are responsible for any unpaid balance by the insurance company. Patients who take advantage of in-office credit for their estimated co-payment understand that if insurance payment is less than estimated, or the claim is denied, the balance due will be added to this agreement and payment plan will be extended until the balance is paid in full. If insurance payment is greater than what was estimated, payments will only be debited until the lesser balance is paid in full. In the event there is a credit balance as a result of a greater insurance payment, a refund will be mailed to the patient/guarantor on or around the first week of the following month after insurance payment is received.

1st Visit

Treatment: _____

Cost: \$ _____ Disc. (If applicable): _____ % Estimated Pt. Portion: \$ _____

2nd Visit

Treatment: _____

Cost: \$ _____ Disc. (If applicable): _____ % Estimated Pt. Portion: \$ _____

Signature

Patient Name

Date

Patient ID: _____ (for office use)

*Estimated patient portion is due on the day of treatment.