

Terms and Conditions

As a condition of your treatment by this office, financial arrangements must be made in advance. The practice depends upon reimbursement from the patients for the cost incurred in their care and financial responsibility on the part of each patient must be determined before treatment.

All emergency dental service, or any dental service performed without prior financial arrangements, must be paid for in cash at the time services are performed.

Patients who carry dental insurance understand that all dental services furnished are charged directly to the patient and that he or she is personally responsible for payment of all dental services. This office will help prepare the patient's insurance forms to assist in making collections from insurance companies and will credit such collections to the patient's account. However, this dental office cannot render services on the assumption that our charges will be paid by an insurance company.

A service charge of 1 1/2 % per month (18% per annum) will be charged on the unpaid balance on all accounts exceeding 60 days, unless previous written financial arrangements are satisfied.

I understand that the fee estimate listed for this dental case, can only be extended for a period of six months from the date of the patient's examination.

In consideration of the professional services rendered to me, or at my request, by the doctor and/or staff, I agree to pay, therefore, the reasonable value of said Doctor, or his assignee, at the time said services are rendered, or within five(5) days of billing if credit shall be extended. I further agree that the reasonable value of said services shall be billed unless objected to, by me, in writing, within the time for payment thereof. Additionally, I agree that a waiver of any breach of any time or condition hereunder shall not constitute a waiver of any terms or conditions and I further agree to pay all costs and reasonable attorney fees if a suite be instituted hereunder.

First visit and emergency care: Regardless of insurance, all new patients must take care of their charges in full at the time of the first visit.

If you do not have dental insurance:

1. Payment is due at time of service. We accept cash, checks (for the amount of treatment), Visa Card, MasterCard and/or American Express.
2. All full and partial dentures, crowns & fixed bridges require 50% down payment at the first visit & the balance upon delivery.

If you have dental insurance:

1. For coverage where there is a schedule of payments, you must satisfy your deductible and make your co-payment for all services rendered.
2. For coverage where a percentage is assigned to each service. You must satisfy your deductible & pay the appropriate percentage of each visit's charges.
3. For dental plans with 100% coverage plus deductible: You must satisfy your deductible at the end of the first visit.

Balances: After all insurance payments have been made, a statement will be sent to you. The terms of the statement are 5 days. If there is a credit balance on your account, a refund will be made to you by this office.
Attorney Fees: In the event of any default by Patient hereunder, patient shall pay to the dentist all costs incurred by Dentist and occasioned by such default, including Attorney's Fees, weather for consultation, preparation of any letter of notice of demand, and/or prosecution of any action to enforce this Financial Agreement (weather or not such action to judgment. Subject to California Civil Code 1717.

I grant my permission to you, or your assigns, to telephone me at home or at work or on my cell phone to discuss matters related to this form.

I have read the above conditions of treatment and agree to their content:

Signed _____

Date _____