

Financial Agreement

This agreement is to inform you of your financial obligation to our practice and to provide clear communication of our financial policy.

All accounts are due and payable at the time of service. We desire to make dental treatment affordable to all of our patients. Therefore, we offer the following payment options:

1. Cash, Check, or Credit Card
2. Flexible payment plans of up to 18 months upon approval with Care Credit. Approval must be received prior to treatment date.

Patients with insurance are responsible for their estimated patient portion at the time of service. As a courtesy to you, we will process your insurance claim. Many necessary dental services are not covered under insurance even though you may require those services. We understand insurance guidelines can be hard to understand and overwhelming at times. Fortunately with the information provided to us by you and your insurance company we are able to help provide some assistance in estimating your insurance benefit. However, your insurance company makes final determination on payment once treatment is completed and the claim is submitted. Your co-payment may be adjusted after the time of service depending upon the final reconciliation of insurance payments. Your insurance is a contract between you and your insurance company; therefore, all charges are your responsibility.

Patients without insurance are responsible for the entire balance at the time of service.

Parents not accompanying dependent children to their appointment must make prior arrangements for payment.

Adult patients responsible for their own account who are being sedated for their appointment must pay their balance in full prior to receiving treatment.

If for any reason your account is turned over to a collection agency, a fee of 35% will be added to your account.

I HAVE READ AND AGREE TO THE ABOVE POLICIES

Patient/Legal Guardian Signature

Date

Witness Signature

Date