



## DENTAL FINANCIAL POLICY AND AGREEMENT

Thank you for choosing us for your dental needs. We are committed to providing you with excellent care. Our convenient financial arrangements are based on an open and honest discussion of recommended treatment option.

### PATIENT

Payment in full is due at the time of service unless prior financial arrangements are made. We offer several payment options:

- Cash, Checks, Visa, Mastercard, Discover, American Express
- Care Credit is for patients interested in making payments over a 6 month period

### INSURANCE

Our office is committed to helping our patients maximize their dental benefits. Insurance policies vary greatly. We can estimate your coverage but cannot guarantee it. As a service to our patients we will manage the claim submission process and follow-up with the insurance company on your behalf. If there is a difference in the amount due from the estimate we were given, a statement will be sent to you and is due upon receipt.

### MISSED/CANCELLED APPOINTMENTS

Once an appointment has been made, the time is reserved for you. We reserve the right to charge a fee for all appointments cancelled or missed without 24-hour notice.

### SERVICE CHARGES

There is a billing fee and a monthly interest fee of 1% on all accounts 60 days past due.

### COLLECTION FEES

Fees incurred to collect payment will be billed to and payable by the patients account holder.

### FINANCIAL CONSENT

The patient (account holder) agrees to be fully responsible for total payment of treatment completed.

### RESPONSIBLE PARTY

The responsible party (the insurance policy holder) is responsible for the financial agreement listed above for all patients under the same insurance policy.

I understand and agree to this Financial Policy and Agreement.

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Signature of Patient/Responsible Party

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Date