



# FINANCIAL AGREEMENT

**PLEASE READ CAREFULLY**

**OUR OFFICE IS COMMITTED IN HELPING ALL OF OUR PATIENTS RECEIVE THE NEEDED TREATMENT TO ACHIEVE AND MAINTAIN OPTIMAL DENTAL HEALTH. WE OFFER THE FOLLOWING FINANCIAL AGREEMENT AND PAYMENT OPTIONS:**

## **ALL ESTIMATED FEES ARE DUE AT THE TIME OF YOUR APPT**

**FOR OUR PATIENTS WITH DENTAL INSURANCE: WE WILL GLADLY PROCESS YOUR PRIMARY AND SECONDARY INSURANCE CLAIMS WITH THE FOLLOWING UNDERSTANDING;**

**INITIAL\_\_\_\_\_ \*DENTAL INSURANCE IS AN AGREEMENT BETWEEN YOU AND YOUR INSURANCE COMPANY; THEREFORE WE CAN ONLY ESTIMATE YOUR DENTAL BENEFITS. THIS ESTIMATE IS NOT A GUARANTEE OF PAYMENT BY YOUR INSURANCE COMPANY. YOU ARE RESPONSIBLE FOR ANY CHARGES YOUR INSURANCE COMPANY DOES NOT PAY.**

**INITIAL\_\_\_\_\_ \*YOUR OUT OF POCKET PORTION AND DEDUCTIBLES ARE DUE AT THE TIME OF SERVICE. OUR FEES ARE GENERALLY, BUT NOT ALWAYS COVERED AT THE PERCENTAGE ALLOWED BY YOUR INSURANCE CARRIER. AN AMOUNT IN ADDITION TO YOUR COPAYMENT MIGHT APPLY.**

**INITIAL\_\_\_\_\_ \*INSURANCE PAYMENTS NOT RECEIVED AFTER 90 DAYS WILL BECOME YOUR RESPONSIBILITY. OUTSTANDING BALANCES OVER 90 DAYS MAY BE SUBJECT TO A FINANCE CHARGE. THERE IS A \$35.00 CHARGE FOR ALL NSF CHECKS RETURNED TO OUR OFFICE.**

**INITIAL\_\_\_\_\_ \*ADVANCED NOTICE OF 48 HOURS MUST BE GIVEN FOR CANCELED/RESCHEDULED APPOINTMENTS. LESS THAN 48 HRS NOTICE MAY RESULT IN CANCELATION FEE OF 10% OF TOTAL COST OF TREATMENT.**

**FOR YOUR CONVENIENCE WE ACCEPT CASH, CHECK, VISA, MASTERCARD AND DISCOVER.**

### **FINANCING OPTIONS:**

**WE ALSO OFFER FINANCING OPTIONS WITH NO INTEREST PAYMENTS UP TO 18 MONTHS ON APPROVED CREDIT.**

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**PATIENT/RESPONSIBLE PARTY**

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**DATE**