Financial Agreement

This agreement is to inform you of your financial obligation to our practice. We are committed to providing each patient with the highest quality dental care using only the best materials and technology available in the market today. We are also committed to providing patients with up-to-date information and educational tools so that each individual may fully participate in maintaining optimum oral health. This financial agreement is intended to facilitate our ability to provide excellent service to you while minimizing our administrative costs.

Each patient is responsible for all charges incurred without regard to insurance coverage. We must emphasize that as your dental care provider, our relationship is with you, our patient, not with your insurance company. Your insurance policy is a contract between you, your employer, and the insurance company. Our office is not a party to that contract. If payment from your insurance company is not received within 30 days from date of service, we ask that you call your insurance company to help expedite the process. If payment is not received from your insurance company within 60 days, you will be expected to pay the balance in full. An unpaid balance carries a 1.5% monthly charge. If for any reason your account is turned over to a collection agency, a fee of 35% will be added to your account.

As a courtesy to you we will help process all the pertinent insurance claims. Each patient may direct their insurance company to pay applicable benefits directly to our office by signing the authorization on the Assignment of Benefits Agreement. In order for our office to file your insurance claim, you must bring a completed dental insurance form or proof of insurance at each appointment.

Your **estimated** co-payment for treatment (the amount not covered by your insurance) is due at the time service is provided. 50% of the co-payment is charged when the appointment is made, and the remaining 50% is charged the day of the appointment before treatment is rendered. Your co-payment may be adjusted after the time of service depending upon the final reconciliation of insurance payments. Our office accepts cash, MasterCard, Discover, and Visa.

Additionally, our office will charge each individual for appointments not kept (to include no shows and cancellations less than 48 hours prior). The service charge will be levied at a rate of $50 per hour of the appointment that was scheduled.

Please do not hesitate to ask if you have any questions regarding this financial agreement. We are committed to providing you with the most positive experience in dental care.

Patient/Guardian Signature _____ Date _____

Print Name _____