



Financial Policy Agreement

We are happy to have you as a patient and look forward to offering you and your family the finest dental care available. We know that providing comprehensive dental services include discussing all treatment and financial information.

Before treatment is performed, we will discuss treatment and financial options. This will help you to fully understand your dental treatment, what to anticipate in fees and allow you time to make the necessary financial arrangements.

Payment is due at the time services are rendered. For your convenience we accept cash, checks, Visa, MasterCard, American Express or registered checks.

Emergency clients, new to our practice, are expected to make payment at the time of service. Once established as an active patient, we will be happy to discuss other payment options.

Dental Plan benefits are determined by your employer, not your dentist. Your dental plan policy is a contract between you and your plan company. Your plan and payment is your responsibility. A plan is not a guarantee of payment; it often does not cover all the costs involved in treatment. As a courtesy, we will be happy to file your claim for you if you present your dental plan wallet card and all required employer information.

- You will be expected to pay for services rendered if this office is unable to verify your plan information before treatment.
- Any deductible or estimated co-payment amount will be due at the time of treatment.
- If payment for services already rendered has not been paid in full within 45 days, either by you or your plan company, the remaining balance for your treatment is considered due and must be collected from you.

A returned check fee of \$25.00 will be added to your account balance.

Appointments are reserved exclusively for you. As a benefit to you, our valued patient, we may offer to move your appointment to an earlier time if an opening should arise. We reserve the right to charge and collect \$75.00 for any broken appointments. Broken appointments are considered those that are missed (no-show) or cancelled with less than 24 hour advance notice.

I have read and understand this financial policy.

Printed Name

Signature

Date