

Financial Agreement

Our goal is to provide the highest quality of dental care possible and to have clear communication of our financial policy.

ALL ACCOUNTS ARE DUE AND PAYABLE AT TIME OF SERVICE. If a procedure requires multiple appointments, arrangements may be made to separate the payment among each of the appointments.

Patients with insurance: The PATIENT is responsible for the ESTIMATED non-covered portion, procedures and/or deductibles at the time of the service. If the insurance company does not pay after 90 days, we will bill you directly for the full balance.

Parents not accompanying their child to an appointment must make PRIOR arrangements for payment (cash, check or credit card authorization).

Parents accompanying their children are financially responsible for payment.

There is a \$35.00 processing charge for **non-sufficient funds** or returned checks.

Records can be viewed at any time. There is a nominal charge for release or copies of records.

Because instruments, chairs, and personnel are reserved exclusively for your appointment, we kindly ask that you provide at least 48 hours notice if you are unable to make it. **A \$25 - \$50 CHARGE MAY BE ASSESSED FOR CHANGED OR BROKEN APPOINTMENTS LESS THAN 48 HOURS IN ADVANCE.**

Payment options:

1. Cash
2. Check
3. Debit Card
4. MasterCard
5. Visa
6. Discover

I, _____, agree to these financial terms.

Signature _____ Date _____