

Financial Agreement

We strongly feel that our patients deserve premier oral health care. Further, we feel everyone benefits when definitive financial arrangements are agreed upon. Accordingly, we have prepared this material to acquaint you with our office policy.

We ask that our patients pay for their first visit in full at the time of service if we can not verify insurance. Our office accepts cash, check, or credit card.

Outside financing is available with a financial institution. We are able to offer our patients a 12-month interest free loan that allows you to make a monthly payment. The application process is simple and in most cases, may be completed within 30 minutes.

Our office gladly accepts assignment of benefits. Please know that services are rendered **to you and not the insurance company**. An insurance company rarely covers the entire cost of treatment, other than preventative. We will do our best to **estimate** your deductible and the amount your insurance company will pay. Your **estimated** co-payment and deductible is due at the time of service and any remaining balance after your insurance has paid will be **your responsibility**.

Account balances unpaid after 60 days will be sent to collections. Should your account be in collections you understand and agree to pay all collection costs, attorney fees and court costs.

Our office wants to provide the best care in a timely manner. We schedule time to provide care for your needs. If you need to reschedule, please call our office and we will help accommodate your needs. **PLEASE** cancel within 24 hours of your appointment, or your account will incur a \$35.00 fee per every 30 minutes scheduled. Our office does not remind you of your dental appointments. We know that dental care is important to you and you can schedule your time appropriately.

We want you to enjoy the full benefits of YOUR dental health.

Print Name: _____ Signature: _____ Date _____