

Financial Agreement

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

All accounts are due and payable at the time of service. If a procedure requires multiple appointments the payment is required in full at the first appointment.

Payment Options:

1. Cash
2. Check
3. Master Card
4. Visa
5. Discover

Patient with insurance: The patient is responsible for the estimated non-covered portion of the services provided to them and/or deductibles or co-pays at the time of service. Please be familiar with your dental benefit plan. If the insurance company does not provide reimbursement, our follow-up will be limited to filing an additional courtesy claim on your behalf. After 60 days, if the balance remains unpaid, the patient will be responsible for the remaining balance.

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

Parents accompanying their child (<18 years old) are financially responsible for payment.

There is a \$30.00 processing charge for non-sufficient funds or returned checks.

A two-week deposit will be required for certain procedures due to the lab fees, operatory room, instruments, and personnel that are reserved exclusively for your appointment. These appointments take considerable time and preparation to complete.

Our office must be contacted during normal business hours at least 48 hours before the appointment if it needs to be rescheduled. Refunds will not be given for broken appointments without proper notice.

I, _____, agree to these financial terms.

Signature _____ Date _____