



## FINANCIAL AGREEMENT

Our office works with most dental insurance companies. We file your dental insurance as a courtesy to the patient and accept assignment of your primary insurance benefits so that you will not be out of pocket the full amount of service. Our office will estimate your primary insurance benefits for each visit and have you pay the estimated portion at the time of service. We can generally estimate your benefits with reasonable accuracy; **however, you will be held fully responsible for any amount not paid by insurance regardless of the reason they refuse payment.** Insurance often does not pay as much as we may estimate or may refuse or change payment for certain procedures based on your policy provisions. Waiting periods and other clauses/exclusions will also affect your coverage. Our office will file with all PPO plans although insurance will submit payment with the out of network benefit. Please note your insurance policy is an agreement between yourself, your employer and the insurance company and is ultimately your responsibility to know and understand the policy. We will do our best to assist you with any questions or concerns you have regarding your dental insurance.

We realize that every patient's financial situation is different. For this reason we offer a variety of payment options to help you receive the dental care you need and want with respect to your budget. Our office accepts Cash, Check, Visa, MasterCard, Discover, American Express and Care Credit. Care Credit is a service offered by GE Capital Consumer Card Company that currently offers low or no interest monthly payment plans. Please ask our office staff for more information. A \$50 service charge will be assessed on all returned checks.

In order for our office to properly manage your dental care needs, current information is imperative. Please help our office keep your records up to date by informing us of any changes to your account. This would include but not limit to: name, address, phone numbers, email address, employer, medical /health history and insurance information.

Our office reserves the right to apply the following fees to failed appointments without 24 hours notice. A \$50 fee will apply for a failed hygiene appointment and a \$100 fee will apply for a failed treatment appointment with the dentist. We do understand that emergencies will occur. Please call our office as soon as possible if you need to cancel or give explanations for a missed appointment.

I have read the above conditions and have had an opportunity to have my questions answered. I understand that by signing this document, I agree to all the terms contained within it.

---

Responsible Party Name (Printed)

---

Date

---

Responsible Party Signature

---

Date

---

Patient Name (printed)

