



Financial Agreement

Thank you for choosing us as your dental care provider. We are committed to providing you with the best experience possible. The following is a statement of our financial policy which we require that you read and sign prior to any treatment.

PAYMENT:

To reserve your appointment a minimum \$100 deposit is due upon scheduling date. The remaining balance is due at time of service, unless other payment arrangements have been made with the Financial Manager. For more extensive treatments, financing options are available and multiple options will be offered to help you complete your treatment in full. In the event payment is not received on the agreed upon date, a finance charge will be applied. **Any insurance payments that were received after will be refunded to you.**

INSURANCE:

You should be aware that Insurance companies base their coverage on a fixed fee schedule that may not coincide with our fees. Furthermore, they might change their restrictions without any previous notice to us or to you.

Our staff will gladly try to determine your insurance coverage to the best of their ability and prepare all the forms to bill your insurance for you as a courtesy on your behalf. **However, should your insurance benefits result in less coverage than anticipated, you are still fully responsible for the full fee of the treatment.**

MISSED APPOINTMENTS:

Unless we receive notice of cancellation two business days prior to scheduled treatment, you will be charged \$97.00. Please help us service you better by keeping scheduled appointments and be aware that by not making your appointment, you are taking the time from another patient who possibly needed that time.

By signing this Financial Agreement, I have read, understand and agree to the terms and conditions of this Financial Agreement.

Signature: _____ Date _____