



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 The Time Of Service. If a procedure requires multiple appointments, payment is required in full at the first appointment.

Payment options:

1. Cash
2. Check
3. MasterCard
4. Visa
5. Discover
6. American Express
7. Care Credit

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 60 days, we will bill you directly for the full balance.

Parents not accompanying their child to an appointment must make *Prior Arrangements* for both written dental treatment consent in their absence and for payment (cash, check or credit card authorization) at the time of service.

Parents accompanying their children are financially responsible for payment.

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

Because instruments, chairs, and personnel are reserved exclusively for your appointment, ***there is a \$50.00 per hour charge for rescheduled or broken appointments if it is less than 48 hours in advance of the reserved appointment time.***

I, _____, agree to these financial terms.

Signature Patient or Legal Guardian

Date

Printed Name of Patient or Legal Guardian