FINANCIAL POLICY AND AGREEMENT

NO INSURANCE

Payment is required at the time of service. Financial arrangements may be made in some cases where MAJOR SERVICES or very large treatment plans are required. Please speak to someone in the front office if this is required.

DENTAL INSURANCE

If you have the benefit of dental insurance, we offer you the courtesy of billing your insurance company, and collecting their payment directly. If must be understood, however, that we are not responsible for your bill or for the insurance company's payment of the bill. Any disputes regarding payment for a procedure are between you and your insurance company. **PLEASE NOTE: IF YOU DO NOT HAVE YOUR COMPLETE DENTAL INSURANCE INFORMATION, WE CANNOT BILL THEM.** You will be required to PAY IN FULL at the time of service as if you have no insurance.

MISSED APPOINTMENTS

Be advised that our policy is to charge for missed appointments unless they are cancelled **AT LEAST 24** hours in advance.

BILLING CHARGES AND COLLECTION FEE

Your out-of-pocket cost is ESTIMATED AND DUE at the time of service. Accounts over 30 days will be charged a $2.00 billing fee for each statement. There will be a $35 charge for returned checks. Accounts 60 days delinquent will be assessed a $60 collection fee and will be reported to a third-party collection agency.

FINANCIAL CONSENT

The patient (or guardian) agrees to be fully responsible for total payment of treatment performed.

I understand and agree to this Financial Policy and Agreement.

Signature of Responsible Party _____ Date _____