

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. It 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

MISSED APPOINTMENTS

Our policy is to charge for missed appointments unless they are cancelled AT LEAST 24 hours in advance. There will be a charge of \$50 per each half hour of scheduled time.

BILLING CHARGES & COLLECTION FEES

Your out-of-pocket cost is estimated and due at the time of service. Accounts over 30 days will be charged 10% interest each month on the account balance. There will be a \$35 charge for returned checks. Accounts 90 days delinquent will be reported to a third-party collection agency and assessed a \$75 collection fee.

FINAL CONSENT

I agree to be fully responsible for the total payment of treatment performed. I understand and agree to this Financial Policy and Agreement.

Signature of Responsible Party

Date