

Financial Agreement

Our goal is to provide you the highest quality dental care. We also want to tell you about our financial agreement. It is essential that you recognize your dental benefits are a legal contract between you and your insurance company. Our office is not, and cannot be a part of that legal contract. However, we will bill your insurance as a courtesy to you. Ultimately, you are responsible for all charges incurred in our office. Your portion is an estimate based on the most up-to-date information we are provided by your insurance. If your insurance does not pay within 60 days, our office reserves the right to request payment-in-full for services from you, and you will collect the refund from your insurance company.

ALL ACCOUNTS ARE DUE AND PAYABLE AT TIME OF SERVICE. If a procedure requires multiple appointments, payment arrangements can be made with our insurance coordinator.

We provide payment options:

1. Cash
2. Check
3. Credit card
4. Care Credit

Patients with Insurance: The **PATIENT** is responsible for the **ESTIMATED** non-covered portion of 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.

I, _____, agree to these financial terms.

Signature _____ Date _____

