



### ***FINANCIAL AGREEMENT***

This agreement is to inform you of your financial obligation to our practice. We are committed to providing you with the most comprehensive dental care using only the highest quality material and technology available in the market today.

All charges you incur for any treatment that is provided are your responsibility regardless of your insurance coverage. We will always recommend treatment based upon your dental needs, not based on insurance coverage which can be inadequate with some dental plans. Dental insurance is a benefit used to assist you, not to dictate necessary treatment. As we work with you to reach your optimum oral health, we do require that the estimated co-payment/co-insurance for treatment be paid at the time of service. Timely payment of patient estimated co-payment/co-insurances ensures that we can keep our administrative costs low, resulting in lower fees for our valued patients.

Your **estimated** co-payment/co-insurance may be adjusted after the time of treatment depending upon the final reconciliation of insurance payments. Our practice accepts cash, local personal checks, MasterCard, Visa, American Express, and Discover. Third party extended payment financing is also available upon request and approval. Returned checks and balances older than 60 days will be subject to collection fees and finance charges at the rate of 1.5% per month (18% annually).

Our practice will accept an assignment of benefits from your insurance company and it is important to understand that the agreement regarding your dental benefits is between you, your employer, and your insurance company. Although we are willing to submit dental claims on your behalf, we do not accept responsibility for the outcome of the transaction. By having our practice process your insurance forms, it is important that you understand that this does not eliminate your financial obligations.

Our practice does not guarantee that your insurance company will assist with payment for treatment you receive from our practice. If your claim is denied, you will be responsible for paying the full amount at that time. Our practice will not enter into a dispute with your insurance company over any claim, although we will provide necessary documentation your insurance company requests to sort out any confusion or questions that may arise. It is your responsibility to resolve any type of dispute over payment made or not made by your insurance company to our practice.

### **Cancellations/Rescheduling of Dental Appointments/Appointment Deposits**

Our office requires 48 business hours' notice to cancel or reschedule existing appointments with us. If we do not receive such notice, you may be subject to a charge of \$100.00 for any missed appointment. If you have repeated missed appointments, a deposit of \$100.00 for each patient appointment will be required.