



Financial Agreement

All patients, please read the following...

Payment for services is expected at the time service is provided. Cash and personal checks are accepted. Visa, MasterCard, and Discover are also accepted. If an extended payment plan is desired, please ask us about our financing programs. If you have any questions, feel free to ask.

I understand and agree that if I miss any scheduled appointment without providing at least 48 hours notice, except in extenuating circumstances as determined by this dental office, I will be charged a "no show" fee of \$50. This would be no different than if I had failed to show up to a hotel or airplane flight. I understand that this charge will not be able to compensate the doctor and his staff fully for their time and money, and I agree that this charge is fair and reasonable. **In addition, if I am more than 15 minutes late to an appointment, this dental office may reschedule my appointment and charge me a fee of \$50.** I understand that my tardiness may result in the excessive waiting of other patients, and that both rescheduling my appointment and the late fee are reasonable and appropriate.

I understand and agree that all services rendered me, my dependents, or others assigned by me to my account are charged directly to me. I further understand I am personally responsible for payment. If I suspend or terminate care and treatment, any fees for services rendered will be immediately due and payable. Should the fees for the professional services not be paid in accordance with the provisions herein, reasonable attorney's fees, plus applicable finance charges and disbursements, allowances and costs provided by law shall be included in the computation of the amount due. Finance charges can be applied to all amounts that are at least 30 days past due at the rate of 1.5% per month (18% annual rate). If the account is in default and turned over for collection, a 50% collection fee and other costs associated with effecting collections will be added.

If you have dental insurance...

As a courtesy, we will file your claim for you. We accept direct payment from most insurance companies. We will estimate your deductible and the portion not covered by your insurance, which is due at the time of treatment. Our estimates may be different than your insurance company's calculations; therefore, the amount due our office may be adjusted accordingly. You may find that our fees may be different from the insurance company's schedule of "allowable" or "UCR" fees. If you have questions about "UCR" fees, please feel free to ask. **All services rendered are charged directly to the patient, and the patient is ultimately responsible for the account regardless of insurance coverage.** Any insurance claims denied or remaining unpaid after 30 days may automatically become the responsibility of the patient. By signing below, I signify that I have read, understand, and agree to each paragraph and provision of this financial agreement:

Print Name

Signature & Date