

FINANCIAL AGREEMENT

Our goal is to provide the highest quality of dental care possible and to have clear communication of our financial policy.

All accounts are due and payable at the time of service.

Payment Plans: We offer up to 12 months interest free financing with Care Credit or Wells Fargo on approved credit

Discounts:

Cash or Check

- 5% Pre-Payment Discount (if paid at least one week prior to appointment)
- 5% Senior Discount (For ages 62 and over)

-OR-

Credit Card

- 3% Pre-payment discount (if paid at least one week prior to appointment)

Patients with Insurance: You are responsible for the estimated non-covered portion, procedures and/or deductibles at the time of service. **If for any reason insurance does not pay what is estimated, the leftover balance is your responsibility.** By signing below, you authorize your insurance company to assign benefits to this office so that we may credit them towards your account.

Parents not accompanying their child to an appointment must make prior arrangements for payment (cash, check or credit card authorization).

Parents accompanying their children are financially responsible for payment.

There is an 18% annual interest rate for any unpaid balance after 60 days and a \$30.00 returned check fee.

Release or copies of records can result in a \$50 fee.

Because instruments, chairs and personnel are reserved exclusively for your appointment, there is a **\$50 charge for changed or broken appointments with less than a 24 hour notice.**

I, _____, agree to these financial terms.

Signature _____ Date _____