Financial agreement

Thank you for choosing us as your dental health care provider. We are committed to provide the highest quality of dental care and continued maintenance of your oral health. Please understand that paying for your dental work is considered to be an integral part of your ongoing treatment. The following is a statement of our Financial Agreement, which we require you to read and sign prior to any treatment.

Full payment is due at the time of service. For your convenience we accept Cash, Checks, Visa, MasterCard. We also offer an extended payment plan through the independent credit companies within prior credit approval.

Regarding Dental Insurance

All co-pays and deductibles are due on the date of service. The balance is your responsibility whether your insurance company pays it or not. We cannot bill your insurance company unless you provide us with your insurance information and a copy of your insurance card or an original claim form at the time of the service. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. In the event we do not accept assignment of benefits, we require that the services be pre-approved based on the benefits provided by your insurance carrier. If your insurance company has not paid the balance on your account in full within 90 days, that balance will automatically be transferred to your private balance or the extended payment plan if prior arrangements were made. Please note that tooth colored, or white filings on posterior ("back") teeth may be covered at the reduced rate. You need to check with your insurance carrier.

Minor Patients And Students

The adult accompanying a minor and the parents (or guardians of the minor or students) are responsible for full payment. For unaccompanied minors or students, non-emergency treatment will not be provided unless the charges have been pre-authorized to an approved credit plan, credit card, or payment by cash or check that the time services are rendered as well as the prior consent to the parent to the services to be provided for the minor.

Missed Appointments

Unless canceled, at least 24 hours in advance, our policy is to charge for missed appointments at the rate of $20 per appointment. If emergency situation arises that prevents you from keeping your appointment – please, let us know as soon as possible so we can reschedule your appointment. Please help us to serve you better by keeping your scheduled appointments.

Thank you for understanding our Financial Agreement. Please let us know if you have any questions or concerns. I have read the Financial Agreement, and I understand and agree to its terms and conditions.

Signature of responsible party_____Date ___/___/_____