

Financial Agreement

To our valued patients:

In order to keep our fees as low as possible, we have implemented the following policies.

- **If the patient does not have dental insurance**, payment in full is expected on the day of service, unless other arrangements have been made.
- **If the patient does have dental insurance**, the responsible party will need to pay the patient portion and deductible on the day of service; the insurance will be billed as a courtesy, however, **please be aware, if the insurance does not pay within 60 days from the date of service, payment in full is expected** from the responsible party. We bill to hundreds of insurance companies.
- As the responsible party I understand that it is my responsibility to know and understand my benefits, and that fees quoted in this office are only estimates. I will be personally responsible for anything the insurance does not cover.
- Upon examination the doctor will prepare a treatment plan. **The treatment plan is only an estimate (we cannot guarantee what the insurance will pay)** of the dental care and should not be construed as a statement of actual charges.
- There will be a **\$20 returned check fee** assessed to your account on all returned checks.
- Financial charges, rebilling, or late fees will be added to all accounts past due.
- The responsibility party agrees to pay all attorney fees and court costs associated with collecting payment for services rendered. Collection fees of approximately 40% are added to the account when it is turned over to the agency.

I have read and understand the above policy and agree to abide by this policy

Signature of Patient or Legal Guardian

Date