Financial Agreement

Payment is expected in full for each appointment as services are rendered. Payment options are:

- Cash
- Check
- Credit Card (MasterCard, Visa, American Express, Discover)

If we are in-network with your insurance, only the anticipated copay will be required at time of service. Additional charges may apply once your insurance has settled the claim.

Dental Insurance: Your insurance benefits are determined by the type and design of the plan chosen by you and/or your employer and we are not a party to this contract. We have no control over the terms of your contract, the method of reimbursement, frequency of services allowed or the determination of your benefits. Some or all of the services provided can be defined by your insurance company as "not covered", "denied", "over UCR", or "out of network". We will file your primary dental insurance claims as a courtesy to you. We do not guarantee payment and we are not responsible for providing you plan limitation, exclusion and provisions determined by your insurance company. You agree to be responsible for payment of all services rendered on behalf of yourself or your dependents. If your insurance requires a referral, you are responsible for obtaining it. We will file a pre-determination for recommended treatment when it is requested by you. A predetermination could cause a delay in treatment up to 4-6 weeks based on your insurance. All predeterminations or treatment plans for recommended treatment are only estimates. By signing this document, you authorize the dentist to release any information including the diagnosis and the records of any treatment or examination rendered of my child during the period of such dental care to third party payers and/or other health practitioners.

Missed Appointment Fee: A missed appointment is failing to show up for an appointment or changing/cancelling an appointment with less than 24 hours' notice. We ask that if you change an appointment to provide us with at least 24 hours' notice. There is a $25 fee for the first missed appointment, and a $50 fee for the 2nd missed appointment. After the 2nd missed appointment within 18 months, you may be asked to transfer your records to another dental practice.

Past Due Accounts: We will send monthly statements to the address on file for the responsible party on the account. A maximum of 3 statements will be sent regarding any account balance. Any account that has an unpaid balance over 30 days will have a finance charge (15%) added monthly to the account as well as a $25 late fee. Any account that has a past due balance of 90 days or more or any account that has a financial contract in default will have additional steps taken to collect those debts. If we have to refer your account to a collection agency, you agree to pay 33.3% attorney fees and all court costs incurred. Any returned check will be subject to a $35 bank charge as well as late fees, if applicable.

Effective Date: Once you have signed this agreement, you agree to all of the terms and conditions contained herein and the agreement will be in full force and effect.

RESPONSIBLE PARTY (PRINTED) : _____

RESONSIBLE PARTY (SIGNATURE): _____ DATE: _____

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