



FINANCIAL AGREEMENT

Thank you for choosing us as your oral health care provider. We are pleased to have you as a member of the practice. Our primary goal is to provide our patients with the highest quality dental care available. In addition, we strive to furnish this care at the most reasonable cost possible. Our dental team is absolutely committed to providing the best care available in a prompt, professional, caring manner at a fair cost. The following payment options were constructed with the purpose of putting quality treatment within reach of all of our patients.

Visa, Mastercard, Discover, Amex, Check, and Cash are accepted payment. *There will be a \$35 charge for returned checks.*

Payment is due at the time dental services are provided. This is applicable for estimated co-payments if the patient has Dental Insurance Coverage, and Patients without Dental Insurance Coverage.

An estimate is not a guarantee of payment. Please understand, you are responsible for all charges not paid by your insurance. Also, many insurance companies are excluding certain dental procedures or downgrading procedures to a lesser reimbursement level; in which case, you may be responsible for the difference. We are not responsible for knowing your plan details.

We accept all major dental insurance payments, however we may not be an in-network provider for your plan. If we are not an in-network provider, review your plan details, as in many cases insurance reimbursement is very similar. We currently participate with **Aetna, Anthem, Cigna, Delta Dental, Dental Care Plus, Humana, Metlife, and Superior Dental Care.**

Treatment requiring two or more visits, you may elect to make equal payments over the number of visits for that treatment.

Our office prides ourselves on running on time. We value your time and appreciate the fact that you value our time. If you are 10 minutes or more late for your appointment, you may be asked to reschedule. **There will be a \$75 charge for each half hour scheduled if you cancel with less than 24 hours or no show for an appointment.** For longer appointments, a 48 hour notice would be much appreciated.

By signing below, I acknowledge I have read and understand the guidelines above.

Signature:

Date: