

Financial Agreement

Our goal is to provide the highest quality of dental care possible and to have clear communications of our financial policy. ALL ACCOUNTS ARE DUE AND PAYABLE AT THE TIME OF SERVICE. If a procedure requires multiple appointments, payment is required in FULL at the time of service.

Payment Options:

Check, Cash, All Major Credit Cards, Care Credit

Patient with Insurance: The PATIENT is responsible for the ESTIMATED non-covered portion, procedure and /or deductibles at the time of service, OR the patient can sign a credit card authorization to bill their credit card AFTER insurance has paid for visit. If the insurance company does not pay after 60 days, we will bill you directly for the FULL balance.

Parents Not Accompanying their child to an appointment MUST make prior arrangements for payment (cash, check, credit card authorization). Parents accompanying their children are financially responsible for payment.

There is a \$35.00 processing charge for NON-SUFFICIENT FUNDS or returned checks.

I, _____, agree to these financial terms.

Signature: _____

Date: _____