



## FINANCIAL AGREEMENT

Patient: \_\_\_\_\_

It is our goal for patients to clearly understand their treatment needs, as well as their financial responsibility, before treatment begins. We desire to make dental treatment affordable to all of our patients. We will gladly process your primary and secondary insurance claims with the following understanding;

INITIAL\_\_\_\_\_ \*DENTAL INSURANCE IS AN AGREEMENT BETWEEN YOU AND YOUR INSURANCE COMPANY; THEREFORE WE CAN ONLY ESTIMATE YOUR DENTAL BENEFITS. THIS ESTIMATE IS NOT A GUARENTEE OF PAYMENT BY YOUR INSURANCE COMPANY. YOU ARE RESPONSIBLE FOR ANY CHANGES YOUR INSURANCE COMPANY DOES NOT PAY.

INITIAL\_\_\_\_\_ \*YOUR OUT OF POCKET PORTION AND DEDUCTIBLES ARE DUE AT THE TIME OF SERVICE. OUR FEES ARE GENERALLY, BUT NOT ALWAYS COVERED AT THE PERCENTAGE ALLOWED BY YOUR INSURANCE CARRIER. AN AMOUNT IN ADDITION TO YOUR CO-PAYMENT MIGHT APPLY.

INITIAL\_\_\_\_\_ \*ADVANCED NOTICE OF 48 HOURS MUST BE GIVEN FOR CANCELLED/RESCHEDULED APPOINTMENTS. LESS THAN 48 HOURS NOTICE MAY RESULT IN CANCELLATION FEE OF 10<sup>0</sup>% OF TOTAL COST OF TREATMENT.

For your convenience we accept Cash, Check, Visa, MasterCard, Discover, American Express and Care Credit.

ALL ESTIMATED FEES ARE DUE AT THE TIME OF YOUR APPOINTMENT.

We understand insurance guidelines can be hard to understand and overwhelming at times. Fortunately with the information provided to us by you and your insurance company we are able to provide assistance in estimating your insurance benefit. I understand that if a service/procedure is not a covered benefit I will be financially responsible for charges I incur in full. However your insurance company makes final determination once treatment is completed and the claim is submitted.

Signature \_\_\_\_\_

Date \_\_\_\_\_

