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### **Financial Agreement**

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 for all of our patients. Therefore, we offer the following financial arrangements:

1. VISA, MasterCard, Discover, and American Express
2. Patient Financing-Care Credit. Up to 6 months interest free upon approval of credit
3. Patients with Insurance: Estimated portion not covered by insurance is due at time of service. **YOU ARE RESPONSIBLE FOR UNDERSTANDING YOUR INDIVIDUAL POLICY AND ITS PROVISIONS, OUR ESTIMATE IS DONE ONLY AS A COURTESY TO YOU.**
4. Patients without insurance: Payments for dental services are due at the time of treatment. For procedures requiring more than one appointment to complete, payment can be split into two equal payments, half at beginning of treatment and the balance at completion.

### **For Our Patients with Dental Insurance**

Because we understand that dental insurance plays a role in helping many people defray some of the costs of dental care, we would like to share with you the following information about dental insurance. Please understand that our responsibility is to provide you with the treatment that best meets your needs, not to try to match your care to insurance plan limitations. Dental insurance plans do not correspond to individual patients' needs, and as such, many routine dental services are not covered, even though you may need those services.

Regardless of what your plan says it may cover, we have found that many plans actually pay less than what you might expect. The benefits your plan allows are largely determined by how much your employer/union pays in premiums for that plan. **We are happy to submit your insurance claims and help you to receive the maximum benefits. However, we cannot be responsible for collection on unpaid claims and/or negotiating disputed claims. We rely on the policy holder to understand his or her own policy.**

### **Divorce Situations**

In case of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. After a divorce or separation, the parent authorizing treatment of a child will be responsible for those subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

### **Appointment Policy**

When you, or a family member, make an appointment, you are responsible for keeping that appointment. We respect your time, please respect ours. Please be considerate. Broken or missed appointments affect our ability to provide care for other patients. If you find that you must change your appointment, please give us 48 business hour notice. Failed appointments with no notice, or cancelled the day of the appointment, will be charged \$25 per ½ hour of scheduled operatory time. **We reserve the right to limit future appointments and/or require a deposit to reserve appointment time for those who have a history of missed appointments.**

***I have read and understand the above policies. Regardless of insurance coverage, I am ultimately responsible for payment of all dental fees for myself and/or my dependents.***

Signature\_\_\_\_\_ Date\_\_\_\_\_