



Financial Agreement

Payment Policy:

We are a fee for service office that does not process dental insurance, nor do we accept any liability for any anticipated insurance reimbursement to the patient.

- Payment options
 - Prepayment of ENTIRE treatment in full at or prior to records appointments – 5% discount applies
 - Pay for individual steps at the time of treatment with cash, check, credit card - no discounts apply
 - Finance through Care Credit, Proceed, etc. - no discounts apply
 - Layaway (pay up front before any treatment started) – discounts apply
 - In-office payment plan – never to exceed 6 months (½ up front followed by up to 5 equal monthly payments) – no discounts, and must be paid in full before final restorations are sent to the lab

Any declined autopayment will be charged a NSF charge of \$25.00.

Insurance Policy:

- We do not process dental insurance nor take any liability for anticipated reimbursement, but we offer a professional courtesy to our patients with dental insurance.
- We will defer payment of any amount estimated to be paid by the insurance company up to 90 days after the date of service. Patients must have a form of payment on file (credit card or post-dated check) that will be used to collect the payment if the patient does not pay the deferred amount within the 90-day period.
- We will supply paperwork and radiographs for the patient as a professional courtesy, but we do not ensure that the paperwork will be accepted by the insurance company.
- Failure of the dental insurance company to pay is the liability of the patient.
- If the form of payment is charged, and the credit card is denied or the check does not clear a fee of 10% of the deferred amount will be assessed. Final restorations will not be seated until payment has been made in full.

1. Your insurance is a contract between you, your employer and the insurance company. We are not a party to that company.

2. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.

Thank you for your understanding. Please do not hesitate to let us know if you have any questions or concerns.

I understand and agree to the terms of this Financial Agreement:

Signature _____ Date _____