DENTAL OFFICE FINANCIAL AGREEMENT

Thank you for choosing us as your dental care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our financial policy which we require that you read and sign prior to any treatment.

General: Understand that regardless of any insurance status, you are responsible for the balance due on your account. You are responsible for any and all professional services rendered. This includes but is not limited to: dental fees, surgical procedures, tests, office procedures, medications and also any other services not directly provided by the dentist.

Missed Appointments: Unless we receive notice of cancellation 48 hours in advance, you will be charged $50.00. Please help us service you better by keeping scheduled appointments.

Insurance: Delta Dental PPO/Premier and United Concordia patients are responsible for their patient portion and deductible at time of service. Claims will be sent out on your behalf for the remaining balance.
-All other PPO patients, remember your insurance policy is a contract between you and your insurance company. We are not a party to that contract. As a courtesy to you, our office provides certain services, including a pre-treatment estimate. It is physically impossible for us to have knowledge and keep track of every aspect of your insurance. It is up to you to contact your insurance company and inquire as to what benefits your employer has purchased for you. If you have any questions concerning the pre-treatment estimate and/or fees for service, it is your responsibility to have these answered prior to treatment to minimize any confusion on your behalf.
-Please be aware some or perhaps all of the services provided may or may not be covered by your insurance policy.
-Any balance is your responsibility whether or not your insurance company pays any portion.

Payment: FULL PAYMENT is due at the time of service.
If insurance benefits apply, a courtesy claim will be submitted on your behalf. Any amounts sent to us will be applied to your account as credit or can be reimbursed to you at your request.

I have read, understand and agree to the terms and conditions of this Financial Agreement.
Signature: _____Date:_____