



Financial Agreement

We provide a number of payment options for your convenience:

- We accept cash, checks, Visa, MasterCard, Discover, and American Express.

If you have any questions or concerns regarding payment of your bill, please speak with our financial coordinator. It is our desire to be able to accommodate patients and families with special circumstances on an individual basis and invite you to share with us your concerns if you feel that they will prohibit you from obtaining necessary treatment.

For patients with insurance: We encourage patients to be familiar with their insurance benefits. Your ***estimated*** patient portion that was presented on your Treatment Plan is due the day services are rendered. A pre-authorization can be sent to your insurance company at your request. Account balances remaining after receipt of insurance payment can be paid on the phone, online on our website or in person at our office.

Bounced checks will be charged a fee of \$25.00 per occurrence.

We make every effort to contact you to confirm appointments starting 2 weeks prior via email, text messages and phone calls. We request that you give us 48 hours notice if you are unable to keep your appointment for reasons other than illness or special circumstances. Appointments that are missed without notice will be assigned a \$30 per hour no show fee for hygiene appointments and \$50 per hour no show fee for doctor appointments after the second missed appointment.

Patient Name: _____

Patient/Guardian Signature: _____

Date: _____