Patients Name:

**Payment Agreement**

**PAYMENT IS EXPECTED ON THE DAY THAT SERVICES ARE RENDERED.**

Payment Options: CASH, CHECK, CREDIT CARD (Visa, Mastercard, Amex, Discover), or CARE CREDIT

**Missed Appointments:**

Appointment times are reserved especially for you. If for any reason you should need to change your appointment, please contact our office as soon as possible**. We reserve the right to charge a $50 fee for cancellations made with less than 24 hours notice and for broken/ no show appointments.** As a courtesy to you, our office makes every effort to confirm your scheduled appointments via phone, text, and email. If for some reason you do not receive a confirmation, you are still responsible for maintaining your appointment times.

**Insurance Submission:**

We participate with the following insurance companies and will honor their contracted fees: **Delta Dental Premier, Guardian, Cigna PPO, MetLife, Aetna PPO Access II, Assurant and DHA Affiliated Plans, United Concordia Alliance Network and Horizon BCBS Dental Option and Traditional.**

We will happily assist you in completing and submitting your insurance claim. You must provide us with all insurance and subscriber information. If this information is unavailable, please understand that full payment will be collected at the time of each visit and then the claim will be submitted to your insurance company once all of the necessary information is received. Any overpayment will be refunded to you.

Submission of insurance and acceptance of assignment of benefits is not a guarantee of payment. We encourage all of our patients to contact their insurance carrier directly to obtain a more accurate estimate of what insurance intends to pay. While we do our best to give you accurate estimates regarding your patient portion, please realize we do not receive advanced notification when your employer or insurance company makes changes to your coverage. **It is important for you to know what your insurance covers, as every policy is different.** Many insurance companies are now only covering fluoride one time per year.

Although we will wait for your insurance to pay their portion, your estimated portion is expected at the time of service. In addition, should your insurance deny payment or pay less than estimated, we request that you pay for the services in full within 90 days.

**I HAVE READ THE ABOVE POLICY AND FULLY UNDERSTAND MY RESPONSIBILITY.**

 Signature: Date: