



FINANCIAL POLICY

PAYMENT IS EXPECTED AT THE TIME OF SERVICE. PAYMENT MAY BE IN THE FORM OF CHECK, CASH, CREDIT CARD, OR EXPECTED INSURANCE BENEFITS.

For patients using dental Insurance benefits to pay for treatment:

As a courtesy, we will file your insurance for you to allow 30 days for insurance payment on your account. On the day of service we will collect only a portion of the fee charged for the services rendered. Any balance left on the account after insurance payment is received is the responsibility of the patient or financial guarantor.

After 30 days, you will receive a statement for the balance on your account. It may show over 30 days past due because we were waiting on insurance payment. To keep your account in good standing please remit payment by the due date of the statement.

A missed appointment or cancellation fee of \$25.00 will be assessed for less than 48 hours notice. This fee can be waived 1 time only for emergencies only by request.

By signing below, I state that I have read , understood and agree to the financial policy.

I also understand that I or my guarantor will be ultimately financially responsible for any balances on my account.

Signed: _____ Date: ____/____/____
mm dd yy

Printed name: _____