



Financial and Scheduling Agreement

Thank you for considering our office as your dental care providers. We strive to provide you with the knowledge and dental care you deserve. Please read the following agreement. Your signature below indicates that you have read and understand the compensation for the treatment we provide and time we have dedicated to you. Fees are due at the time services are rendered unless definite financial arrangements have been made in advance.

Insurance Assistance

Our practice accepts most dental insurance programs used by employers in our area. If we are familiar with your plan and can verify your coverage, we will accept assignment of benefits for your dental exam and cleaning. If further treatment is necessary, upon request we can file pre-treatment estimates to determine the amount your insurance will cover. You would be responsible for your portion of the fee at the time services are rendered. In the instance that insurance coverage is less than anticipated, you are required to pay the difference. Though insurance coverage varies greatly, our goal is to maximize your insurance benefits and make any remaining balance easily affordable.

Methods of Payment

We accept cash, checks, debit cards and most major credit cards. Visa, MasterCard, and Discover are all accepted in our office. We also have financing plans available to facilitate spreading payment over long periods of time.

Reservation of Appointment Time

We take your time seriously. We do our best to see you at your appointed time with minimal or no wait. When you schedule an appointment, we plan the most efficient course of treatment for your visit and prepare the room specifically for you. You are our top priority. If it is necessary that your appointed time must be changed, we ask that you give us at least two business days (48hrs) notice. "No-show" or late-cancellations (less than 48 hours) can result in fees up to the cost of the scheduled treatment. Patients who cancel or fail to show for scheduled appointments repeatedly will be asked to prepay to reserve their scheduled appointment time.

Sometimes, dental conditions are quite extensive and involved and require a significant amount of appointed time to be accomplished. In these instances, we may ask that you prepay to reserve your scheduled appointment. Fees are payable when the appointment is scheduled and are not refundable unless the appointment is cancelled or rescheduled 48 hours in advance.

Thank you for choosing our practice. Your care and comfort is our top priority. If you have any questions or concerns about this agreement, please let us know.

Name (Please Print): _____

Signature: _____

Date: _____