



# FINANCIAL AGREEMENT

## Payment Responsibilities:

Payment is due at the time of service, including estimated insurance deductibles and copayments.

We accept cash, personal checks, VISA, MC, Discover and American Express.

We charge a \$26.00 fee for unpaid checks returned from the bank.

We charge a \$35.00 fee for missed appointments and appointments cancelled with less than 24 business hours notice.

Divorce Situations: The adult who brings the child to their appointment is responsible for any payment due at the time of service. Please inform us, no later than the date of service, of any CHILD CUSTODY arrangements that may affect billing or insurance claim submission.

## Insurance Policy:

Our dentists recommend preventive services and treatment based on what we believe is best for your child. We do NOT and CANNOT recommend treatment based on your insurance coverage. If you have any questions regarding the proposed treatment or cost, please ask and we will provide a complete explanation.

As a service to our patients, we offer insurance claim submission. Please understand that we can only estimate your insurance coverage. By submitting your insurance claims directly for you, we handle step one in the process. Deductibles or copayments are to be paid at the time of service. Please be aware that dental insurance rarely covers 100% of dental fees. We are committed to helping you achieve the maximum benefit to which you are entitled.

I hereby authorize and direct payment of the dental benefits, otherwise payable to me, directly to the billing dentist.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name(s)

Affordability: If you have a true financial hardship which will prevent your child from receiving the recommended care, please let us know. We can discuss your payment options or refer your child for reduced cost care.