Financial Agreement

Our goal is to provide the highest quality of care possible and to clearly communicate our financial policy.

ALL ACCOUNTS ARE DUE AND PAYABLE AT TIME OF SERVICE. If a procedure requires multiple appointments, half payment is due at the initial appointment date, and the balance is due at the seat/delivery date, unless other arrangements have been made with the office.

Payment options:

1. Cash
2. Check
3. Mastercard
4. Visa
5. Discover
6. American Express
7. Care Credit

Patient with Insurance: the PATIENT is responsible for the ESTIMATED non-covered portion, procedures, and/or deductibles at time of service. If the insurance company does not pay after 90 days, we will bill you directly for the full balance at that time.

Parents not accompanying their child to an appointment must make PRIOR payment arrangements.

Parents accompanying their children are financially responsible.

There is a $30 processing charge for insufficient funds or returned checks.

Because instruments, chairs, and personnel are reserved, prepared, and sterilized exclusively for your appointment, there is a $25 charge for broken appointments or cancellations less than 24 hours in advance.

I, _____ (patient name), agree to these financial terms.

_____ (signature) _____ (date)