

FINANCIAL ARRANGEMENTS

In this office, after examination and diagnosis, we try to make an estimate of the dentistry to be performed. This will enable you as the patient to know exactly what work is planned and what your financial responsibility will be. This is not a contract, as it may be changed by either party. There are several possible methods of payment.

In consideration of the services to be provided to the patient, I/we hereby guarantee payment in full of the patient's account in accordance with the financial arrangements made at the time of discharge or, if no such arrangements are made, then payment shall be made in full within thirty (30) days of discharge. I/we agree that in event of default in payment, reasonable collection agency fees equal to twenty (20%) percent of the delinquent balance and reasonable attorney fees, shall be added to the amount due on the account, plus any applicable court cost.

We welcome insurance accounts. Because of the many different insurance contracts, each patient's coverage is individually discussed.

We feel that a firm understanding of financial involvement is essential for mutual benefit before beginning treatment in order to maintain a favorable environment and to assist you, the patient, to plan accordingly.

SIGNATURE: _____ DATE: _____