



Office Agreement

We feel strongly that our patients deserve the best care. In an effort to provide high quality care, we would like to share our financial policy, insurance billing information and scheduling agreement with you to avoid future confusion.

We ask that you pay your full estimated portion at the time of service. As a courtesy to you we will bill your dental insurance company. The insurance contracts are between the patient and the insurance company; we cannot guarantee benefits. The patient is responsible to keep the office up to date on policy information, and any portion unpaid by the insurance company at the date of service. Any patient under the legal age of 18 is considered a minor. The parent or legal guardian is responsible for payment and treatment decisions.

I will be responsible for any financial obligations incurred in connection with dental treatment rendered in my or my child's behalf. **I understand that my estimated portion must be made at the time of service.** I further understand that I am responsible for any charges that are not covered by my insurance. I will be subject to finance charges on unpaid balances after 30 days.

Please Initial _____

I understand that balances over 90 days will be sent to a third party collection agency including any of my personal information necessary to collect the balance owed. Any checks returned from my bank are subject to a \$35 returned check fee.

Please Initial _____

We wish to give all our patients their preferred time and request you help us do that by making your appointments. Your time is important to us! We request 48 hours notice for cancelling or rescheduling. A \$50 cancellation fee may be applied for missed or cancelled appointments.

I understand the above cancellation policy and agree to pay a broken appointment fee of up to \$50 per scheduled hour without giving the requested notice.

Please Initial _____

We are now sending email and text reminders to confirm your appointments. Please list the cell phone number and email you would like your reminders sent.

Cell Phone _____ Email _____

Signature _____ Relationship _____

Printed Name _____ Date _____