

Financial Agreement

Please ask any questions before treatment is rendered. Submission to treatment implies your consent to the terms of this agreement.

Insurance: If this office is able to accept your insurance carrier's assignment of benefits, the patient is fully responsible for the charges for treatment rendered. Your insurance may not cover the services, or may only partially cover them and the estimate given by this office is considered a guideline until the final insurance payment is received and the patient's account is reconciled. This office makes no guarantee of the actual payment by your insurance carrier.

Missed Appointments: When you schedule an appointment, that time is exclusively reserved for you. We request you give us at least 24 hour notice if you need to reschedule an appointment. When the requested time is not given, a fee of \$25 per half hour will be charged to your account per client.

Payment is due at time of services: We accept cash, checks and most major credit cards for your convenience. When insurance applies, we will collect any deductibles and co-payment at the time of service.

We also offer payment options with Care Credit and The Lending Club for more extensive treatment plans.

Monthly Billing: Even though an insurance claim may be filed, you will receive a statement each month if there is a balance due on your account. You will be responsible for this payment. A 1% finance charge will be added to your account balance if your account is 60 days outstanding, regardless of the insurance claim.

Returned Checks: There is a \$50 fee for each returned check. There are no exceptions.

Collection Fees: Fees incurred to enforce payment required by this agreement will be charged to the patient whose failure to pay required these fees to be incurred. This includes any attorney fees incurred by this office.

Signature: