

Financial Agreement

Our goal is to provide the highest quality of dental care possible and to have clear communication of our financial policy. Our customary procedure in handling our patients' accounts is the same for patients with or without insurance coverage.

For patients who have dental insurance we will do all that we can to assure that you receive the maximum benefit to which you are entitled. We only ask that read your policy to be sure that you are fully aware of any limitations of the benefits provided.

ALL ACCOUNTS ARE DUE AND PAYABLE AT TIME OF SERVICE. If a procedure requires multiple appointments, payment is required in full at the first appointment.

Payment options:

1. Cash
2. Check
3. MasterCard
4. Visa
5. Novus/Discover
6. American Express
7. CitiHealth Financing

CitiHealth Financing

Upon approval we provide financing. Financing is completed through the group CitiHealth. Please see the office staff for more details.

Patient with insurance: The PATIENT is responsible for the ESTIMATED non-covered portion, procedures and/or deductibles at the time of the service. If the insurance company does not pay after 60 days, we will bill you directly for the full balance.

Parents not accompanying their child to an appointment must make PRIOR arrangements for payment (cash, check or credit card authorization).

Parents accompanying their children are financially responsible for payment.

Because instruments, chairs, and personnel are reserved exclusively for your appointment, there is a \$25 - \$50 CHARGE FOR CHANGED OR BROKEN APPOINTMENTS LESS THAN 24 HOURS IN ADVANCE.

There is a \$30.00 processing charge for **non-sufficient funds** or returned checks.

I, _____, agree to these financial terms.

Signature _____ Date _____