

FINANCIAL POLICY AND AGREEMENT

- * Full payment is due at the time of service unless arrangements have been approved in advance by our staff. We accept payment by cash, check, Visa/Mastercard, and American Express.
- * We can assist you in obtaining third-party financing if you prefer a payment plan.
- * We accept assignment of benefits and will be happy to submit claims to your insurance company for payment as a courtesy. Your portion of payment is due at the time of service.
- * Please note that any dental insurance is a contract between you, the insurance company, and your employer. We are not a party to that contract. Therefore, all charges you incur are ultimately your responsibility from the date services are rendered.

Agreement

- * For my convenience, this office may release my information to my insurance company and receive payment directly from them.
- * If sent to collections, I agree to pay all related fees and court costs.
- * I will pay a fee for appointments broken without 24 hours notice.
- * Treatment plans may change, and I will be financially responsible for the work actually done.

Signature _____ Date _____

NOTICE OF PRIVACY POLICIES

I have had full opportunity to read and consider the contents of the Notice of Privacy Practices. I understand that I am giving my permission to your use and disclosure of my protected health information in order to carry out treatment, payment activities and healthcare operations. I also understand that I have the right to revoke permission.

Signature _____ Date _____