

## FINANCIAL AGREEMENT

This office operates independently from all insurance companies and any other dental or medical facility. Payment is expected for services provided by this office.

CANCELATION POLICY: If you fail to keep an appointment or cancel an appointment with less than 48 hours notice, there will be a minimum cancellation fee of **\$80**.

EMERGENCY TREATMENT: Payment in full is always expected at the completion of your visit;

When Insurance is not involved:

- For preventive and basic services, payment in full is expected at the completion of your visit.
  
- For prosthetics (crowns, bridges and dentures), please pay by 50% of the estimated cost of your treatment at the time of your first appointment. The balance is due at completion of treatment.

Some treatments or situation may necessitate special financial arrangements. Fell free, at any time, to discuss your concerns with our Office Manager. If payment cannot be made in full at treatment, we can arrange a binding financial payment plan agreement for you to sign.

PAYMENT: This office accepts cash, personal checks, Visa and MasterCard.

Balances over 90 days old will be subject to an interest charge of 12% per annum.

I agree that I am financially responsible for all treatment and services provided to me and my dependants **by** this office.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_