



# Advanced Dentures & Implants

## Financial Agreement

Our goal is to provide the highest quality of dental care possible and to have clear communication of our financial policy.

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

Payment options:

- 1.Cash
- 2.MasterCard
- 3.Visa
- 4.Novus/Discover
- 5.American Express
- 6.Care Credit monthly payment plans for qualifying patients.

**Patient with insurance :** The PATIENT is responsible for the ESTIMATE non-covered portion , procedures and/or deductibles at the time of the service. If the insurance company downgraded treatment fees / does not pay after 60 days , we will bill you directly for the full balance. If the insurance is terminated / lost before the completion of procedure , patient is responsible for the unpaid balance.

**Parents accompanying their children** are financially responsible for payment.

18% annual **interest** is charge for any unpaid balance . A \$15 fee is charged for non payment.

There is a \$50.00 processing charge for an NSF Check or returned check.

Checks will not be accepted for new patients

There is a nominal charge of \$20 for release of copies of x-rays.

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

I, \_\_\_\_\_ agree to these financial terms.