FINANCIAL AGREEMENT

Patient: ______________________________ Appointment: ___________________________

Date: ________________________________ Time: _________________________________

<u>The following financial arrangements are available:</u>

o <u>OPTION A PAYMENT IN FULL AT TIME OF SERVICE</u>

1. Payment is expected at the time of treatment by cash, check, Visa, MasterCard, American Express or Discover Card.

    a. If cash/check payment in full, a **5%** discount will apply.

o <u>OPTION B COVERAGE BY DENTAL OR MEDICAL INSURANCE</u>

1. Fees for consultation, custom parts, impressions, CT Scan conversions, and necessary x-rays are payable in full at the time of service (**Fees for custom parts are nonrefundable**).

2. If we are able to predetermine insurance coverage electronically, you may know your total financial responsibility prior to surgery. If not, 25 percent of the total surgery/anesthesia fee is required prior to treatment. After your insurance has paid, you will receive a final bill showing your remaining balance. The balance will be considered payable in full at that time. Option C (below) is available to pay such balances. Unpaid account balances after 60 days will be charged monthly interest at the rate of 1.5% (18% APR).

********OPTION B <u>AGREEMENT</u>********

The total fee for treatment is: ____

Required down payment / co-payment: ____

***<u>Estimated balance due – payable by</u>* <u>insurance and/or patient:</u>** ___________________________________

<u>PLEASE NOTE</u> : ACCOUNT BALANCES PAST 60 DAYS WILL BE CHARGED INTEREST, AT THE RATE OF 1.5% MONTHLY (18% APR)

o <u>OPTION C FINANCING TREATMENT FEES OR BALANCES</u>

Patients wishing to finance treatment fees may be eligible for commercial financing. Please request details from our Finance Manager.
I agree to the financial plan outlined above and will be responsible for payment of all fees for treatment.

Signature of Patient or Guardian: ________________________________ Date: _________

Signature of Witness: ____ Date: _________

Signature of Financial Manager: _________________________________ Date: _________

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