FINANCIAL AGREEMENT
For
Dr. Susan Smith
Dr. Christa Wirges

Thank you for choosing us for your dental care. In order to provide better service for our patients and minimize costs, financial arrangements will be made in advance of treatment. Payment for services are due when the services are rendered. We will try to give you the most accurate estimate possible, from the information given to us from your insurance company. We accept cash, checks, and major credit cards.

As a courtesy to our patients with dental insurance, we will be happy to file the claim for you, but you are ultimately responsible for all costs of treatment incurred. Please understand your insurance is a contract between you, your employer, and the insurance company. **Not all our services are covered benefits by insurance companies.** Patients with dental insurance must provide us with current dental information such as the name of the dental insurance company, telephone number, address, group number, proof of coverage with an insurance card or id card. At the time of your first visit, we will try to contact your insurance company to verify coverage and check your co-pay and deductible amounts. If your insurance does not pay in full within 30 days, we ask that you contact your insurance company. If your insurance does not pay in full within 60 days, we will require you to pay the balance in full.

Accounts over 60 days past due will be assessed in finance charge of 1.75% monthly; annual percentage of 21%. After 90 days, patients not responding to statement and/or contacts of overdue accounts will be sent to collections.

There will be fees assessed for all missed appointments unless our office is notified 48 hours in advance of appointment time. The fees are as follows; $100 per hour of Doctor's time, and $55 per hygiene visit. When the appointment is made, it is the patient's responsibility to keep. If we do not reach you for the confirmation call, it does not dismiss your responsibility from keeping the appointment. That call is merely a courtesy we provide to our patients.

I understand that I am ultimately responsible to pay for all services rendered and in the case of default the cost of attorney's fees, court costs, and the cost of collection proceedings. Returned checks are subject to returned check fee and any bank charges which are incurred by us.

I have read the above conditions of treatment and payment and agree to their content.

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Signature of patient, parent or guardian Date