

Financial Commitment Agreement

Dental treatment is an excellent investment in an individual's medical and psychological well being. Financial considerations should not be an obstacle to obtaining this important health service. We appreciate the trust you have placed in us and would like to thank you for choosing our practice for your dental work.

To avoid any confusion, we kindly request that payment arrangements be made prior to beginning your specified treatment.

Regarding Your Insurance Benefits:

If you would like to utilize your insurance benefits, we will gladly assist you with filing your claim and sending any additional radiographs necessary. However, please understand that it is impossible to estimate exactly what your insurance company will pay for your treatment. Your insurance is a contract between your company, you as the employee and the insurance provider. Any balance not paid by your insurance company is ultimately your responsibility and is due within 14 days of our statement date.

Your investment can be made several ways:

___ Payment in full

Your payment is made prior to the start of your treatment.

This would be an estimated one-time payment of \$_____

___ Third party financing

Care Credit is an interest free (no interest if paid within the specified time period) payment plan for up to 12 months.

Appointment Reservation:

For major services (over \$1,000) an appointment reservation will need to be made . Any procedure over \$1000 will require \$200 down and procedures over \$2000 will require 15% down to reserve an appointment. These deposits will go towards your treatment. Remaining balance will be due on day of treatment.

Please select your preferred option, sign below for our records.

Patient Signature _____ Date _____