

FINANCIAL AGREEMENT

Payment as follows:

As a courtesy we do accept assignment of benefit payment from most insurance companies. However, all other estimated balances are due at the time treatment is completed. **THIS IS AN ESTIMATE** based on the limited information provided by your insurance company. The level of assistance purchased for you by your employer determines the amount of your insurance company's payment. Please remember that your dental insurance is your responsibility. We are always happy to help you with submitting your claims, but we can make no guarantee about your insurance assistance or payment. Unpaid balance over 60 days will be due immediately or considered a delinquent account to be handled by our collection manager. If treatment is not started within 60 days of this agreement, all terms are subject to change. *Feel free to contact your insurance carrier for a more specific estimate.*

Cancellation with less than 24 hours may require a deposit for future appointments.

Signed _____ Date _____
(Guarantor)

Signed _____ Date _____
(Financial Coordinator)