



Financial Agreement

Payment: Payment is expected in full for each appointment as services are rendered. Payment options are Cash, Check, Credit card (MasterCard, Visa, American Express, Discover), and Care Credit (Special financing on approved credit offering no interest plans).

Dental Insurance: As a service to our patients, our practice accepts most dental insurance programs as a PPO in-network provider. However, we remind you that your specific policy is an agreement between you and your insurance company. Please keep in mind that you are responsible for your total obligation should your insurance benefits result in less coverage than anticipated. The fees charged for services rendered to those who are insured are the usual and customary fees charged to all our patients for similar services. Your policy may base its allowances on a fixed fee schedule, which may or may not coincide with our usual fees. You should be aware that different insurance companies vary greatly in the types of coverage available. Also, some companies take care of claims promptly while others delay payment for several months.

Missed Appointment Fee: Our office requests 24 hours notification if you are unable to keep your scheduled appointment. If less than 24 hours notice is given, a \$50 fee will be charged to your account. Patients with three missed appointments may be asked to transfer their records to another doctor.

Emergency/After Hours Appointment: If you are seen for an emergency visit after our regular business hours, an "after hours" fee is charged in addition to any treatment on that visit. All emergency treatment must be paid in full at the time of service.

Returned Checks: There is a fee (\$40.00) for any checks returned by the bank.

Past Due Accounts: If your account becomes past due, we will take necessary steps to collect this debt. If we have to refer your account to a collection agency, you agree to pay all of the collection costs which are incurred.

Effective Date: Once you have signed this agreement, you agree to all of the terms and conditions contained herein and the agreement will be in full force and effect.

This is an agreement between us and the Patient/Debtor named on this form.

In this agreement the words "you" and "yours" means the account that has been established in your name to which charges were made and payments are credited. The words "we," "us", and "our" refer to Modern Dental.

By executing this agreement, you are agreeing to pay for all services that are received.

Name: _____

Patient/Responsible Party Signature: _____ Date:
