



Financial Agreement

We provide a number of payment options for your convenience:

- We accept cash, checks, Visa, MasterCard, Discover, and American Express.

If you have any questions or concerns regarding payment of your bill, please speak with the financial coordinator. It is our desire to be able to accommodate patients and families with special needs on an individual basis and invite you to share with us your concerns if you feel that they will prohibit you from obtaining necessary treatment.

Once Treatment is scheduled your patient portion will be taken the day services are rendered.

Bounced checks will be charged a fee of \$25.00 per occurrence.

For patients with insurance: Your estimated patient portion that was presented on your Treatment Plan is due the day services are rendered. Account balances remaining after receipt of insurance payment can be paid via our online patient portal, on the phone, or in person at our office.

- 1) A statement will be sent via email informing you of your account balance after insurance payment has been received.
- 2) Payment is to be remitted within two weeks of the statement date.
- 3) A receipt will be sent confirming payment when your card is processed.

Patient Name: _____

Patient/Guardian Signature: _____

Date: _____