

Financial Arrangements

Payment for services is expected at the time service is provided. If treatment requires multiple appointments, payment may be divided over the number of appointments (excluding orthodontic care.) Cash and personal checks that are not post-dated are accepted. If an extended payment plan is desired, please ask us about the CareCredit program. MasterCard, Visa, and American Express credit card payments are also welcome. For charges of \$1500 or greater, a 5% courtesy will be extended for full cash or check payment in advance. If you have any questions, please feel free to ask.

I understand and agree that all services rendered to me, my dependents, or others assigned by me to my account are charged directly to me. I further understand that I am personally responsible for payment. If I suspend and terminate care and treatment, any fees for services rendered will be immediately due and payable. Should the fees for the professional services not be paid in accordance with the provisions herein, reasonable attorney's fees, plus applicable finance charges and disbursements, allowances and costs provided by law shall be included in the computation of the amount due. Finance charges can be applied to all past due amounts at the rate of 1.5% per month (18% annual rate). If the account is in default and turned over for collection, a collection fee will be added.

I also understand that significant time and resources are allocated to reserve an appointment time at Esthetic Dentistry Dental Group (EDDG). If I cancel on short notice (less than 24 hours) or fail to show up for a confirmed appointment, I agree to compensate for accrued charges (not to exceed \$75)

Dental Insurance

As a courtesy, we will file your claim for you. We may accept direct payment from most insurance companies. We will estimate your deductible and the portion not covered by your insurance, which is due at the time of treatment. Our estimates may be different than your insurance company's calculations; therefore the amount due our office may be adjusted accordingly. You may also find that our fees may be different from the insurance company's schedule of "allowable" or "UCR" fees. We do not accept responsibility for correctly interpreting your insurance coverage, and more importantly its many exclusions.

All services rendered are charge directly to the patient, and the patient is ultimately responsible for the account regardless of insurance coverage. Any insurance claims denied, or remaining unpaid, after 60 days will automatically become the responsibility of the patient.

Print Name

Signature and Date