

PAYMENT FOR PROFESSIONAL SERVICES

1. Payment for treatment rendered is due at the time of service. We accept cash, checks, and major credit cards.
2. If You Have Dental Insurance, you may pay for your treatment in full at the time of service, and we will gladly complete and submit all claim forms to your insurance company resulting in their direct payment to you of all benefits.
3. If you have dental insurance and request the insurance company to assign your benefits to us:

- a. We will complete and submit all claim forms at no additional charge.
- b. We will ask that your "*estimated co-payment*"* be paid for at the time of service.

**"Estimated Co-payment." determined by our past or anticipated experience with your insurance carrier.*

- c. Upon our receipt of the insurance payment your account will be reconciled. You will be billed for any deficiency, or issued a reimbursement within five business days for any overpayment.
- d. We can't guarantee to what extent, if at all, the insurance company will act on your claim. Our acceptance of insurance assignment does not absolve you of the responsibility for payment in full for the treatment rendered.
- e. I am responsible for any fees associated with non-payment, such as collection agency fees, court fees, or any legal costs.

I, the undersigned, have read the above and agree to its terms. In the event payments are not received by the agreed upon dates, I understand that a one and a half percent finance charge (18% APR) may be added to my account.

Authorization

I understand that the information is correct to the best of my knowledge. I understand it will be held in the strictest confidence and only be used to improve communication between the doctor and myself. I consent to the doctor or his staff to use any photographs he may take to be used for lecturing, education purposes and use of our website.

Signed _____ Date _____