

FINANCIAL AGREEMENT FOR BAY BREEZE DENTISTRY

This agreement is to inform you of your financial obligation to our practice. We are committed to providing you with the most comprehensive dental care using only the highest quality materials and technology available on the market today. We are also committed to providing you with the most up-to-date information and educational tools so that you may fully participate in maintaining optimum oral health. This financial agreement is intended to facilitate our ability to provide excellent service to you while minimizing our administrative costs.

Insurance: All charges you incur are your responsibility regardless of your insurance coverage. We must emphasize that as your dental care provider, our relationship is with you, our patient, not with your insurance company. Your insurance policy is an agreement between you, your employer and the insurance company. Our practice is not a party to that agreement. **If payment from your insurance company is not received within 60 days from that date of service, you will be expected to pay the balance in full.**

As a courtesy to you, we will help you process all your insurance claims. You must direct your insurance company to pay your benefits directly to our practice by signing the authorization on the Assignment of Benefits Agreement. Your **estimated copayment** for treatment, which is the amount not covered by your insurance, is **due at the time treatment is provided**. Your estimated copayment may be adjusted after the time of treatment depending on the final reconciliation of insurance payments. Our practice accepts, cash, personal checks, MasterCard, Visa, Discover, and American Express. Third party, extended payment financing is available upon request and approval, i.e. Care Credit.

Scheduled Appointments: We make every effort to value your time and reserve your appointment time just for you.

We truly appreciate your courtesy of giving us **48 business hours notice (Monday – Thursday)** if you have a conflict with your appointment and need to schedule. We are committed to your oral health and keeping your scheduled appointments allows us to be partners in your dental care.

Missed or short notice cancellations will be assessed a **\$50 missed appointment fee** for regular cleanings and **25%** of the total cost of the appointment for all other services, instead of the flat fee of \$50.

We reserve the right to require you to place a deposit after: 2 missed or short notice cancellations with less than 48 business hour notice.

It is our philosophy to continue to put our patients first and to make your experience a positive one. Please do not hesitate to ask if you have any questions regarding this financial agreement. Please keep us informed of any insurance changes, employment changes or changes in personal circumstances. We are committed to providing you with the ultimate experience in dental care.

Print Name- _____

Signature- _____ Date- _____