



FINANCIAL AGREEMENT

Thank you for choosing us as your dental health care provider. We are committed to providing the highest quality of dental care and continued maintenance of your oral health. Please understand that paying for your dental work is considered to be an integral part of your ongoing treatment. The following is a statement of our *Financial Agreement*, which we require you to read and sign prior to any treatment. **We require payment in advance of each scheduled appointment. We do offer a pre-payment discount for treatment plans that are paid in full. For patients with insurance it is our policy to collect the patient co-pay at the time we schedule your appointment.** For your convenience we accept cash, checks, VISA and MasterCard. We also offer an extended payment plan through the *independent credit companies* with credit approval. **There is a \$25.00 charge for any returned checks.**

Regarding Dental Insurance

All co-pays and deductibles are due on the date of service. The balance is your responsibility whether your insurance company pays or not. Please remember, we submit insurance as a courtesy to you. You are responsible for all charges incurred in this office. Your ultimate reimbursement rests with your insurance company. At *New Age Dental Care* we strive for excellence in dentistry. As such, we are a mercury-free office. Insurance companies often offer an alternative benefit in paying for posterior composites. You are responsible for the difference in price of mercury containing and mercury free restorations. Please contact your individual insurance company for specifics on their compensation policy.

Minor Patients/ Students

The adult accompanying a minor and the parents (or guardian of the minor or student) are responsible for full payment. For unaccompanied minors or students, non-emergency treatment will not be provided unless the charges have been pre-authorized to an approved credit plan, credit card, or payment by cash or check at the time services are rendered as well as the prior consent of the service to be provided to the minor.

Missed Appointments

Unless cancelled at least 24 hours in advance, our policy is to charge for missed appointments (\$50.00 per scheduled hour). If *emergency situations* arise that prevents you from keeping your appointment, please let us know as soon as possible so we can reschedule your appointment. No cancellations or changes to appointments will be accepted on the answering machine. Please help us serve you better by keeping your scheduled appointments. Thank you for your understanding our *Financial Agreement*. Please let us know if you have any questions or concerns.

I have read the *Financial Agreement*, and I understand and agree to its terms and conditions.

Signature of Responsible Party

Date