



C A R R O L L T O N

Advanced Family Dentistry

Financial Agreement

Our goal is to provide the highest quality of dental care possible and to have clear communication of our financial policy.

ALL ACCOUNTS ARE DUE AND PAYABLE AT THE TIME OF SERVICE. If a procedure requires multiple appointments , payment is required in full at the first appointment.

Payment options:

- 1.Cash
- 2.MasterCard
- 3.Visa
- 4.Novus/Discover
- 5.American Express
- 6.Care Credit monthly payment plans for qualifying patients.

Patient with insurance : The PATIENT is responsible for the ESTIMATE non-covered portion , procedures and/or deductibles at the time of the service. If the insurance company downgraded treatment fees / does not pay after 60 days , we will bill you directly for the full balance. If the insurance is terminated / lost before the completion of procedure , patient is responsible for the unpaid balance.

Parents accompanying their children are financially responsible for payment.

18% annual **interest** is charge for any unpaid balance . A \$15 fee is charged for non payment.

There is a \$50.00 processing charge for an NSF Check or returned check.

Checks will not be accepted for new patients

There is a nominal charge of \$20 for release of copies of x-rays.

Because instruments , chairs , and personnel are reserved exclusively for your appointment , there is a \$50 CHARGE FOR CHANGED OR BROKEN APPOINTMENTS LESS THAN 24 HOURS IN ADVANCE.

I , _____ agree to these financial terms.