

Financial Agreement

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

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

Payment Options:

1. Cash
2. Check
3. MasterCard
4. Visa
5. American Express
6. Discover
7. Care Credit

Patient with insurance: The **Patient is responsible for the estimated non-covered portion, procedures and/or deductibles at the time of service.** If the insurance company has not paid for the services after 60 days, we will bill you directly for the full balance.

Parents not accompanying their child to an appointment must make prior arrangements for payment. **Parents accompanying their child** are financially responsible for payment.

15% annual **interest** is charged for any unpaid balance over 120 days.

There is a \$30.00 processing charge for **non-sufficient funds** or **returned checks.**

Because instruments, chairs, and personnel are reserved exclusively for your appointment, there is a **\$25-\$50 charge for changed or broken appointments with less than 48 hour notification.**

I, _____, agree to these financial terms.

Signature _____ Date: _____