



FINANCIAL POLICY

In the effort to hold down costs, payment is due when services are rendered. We accept cash, check, Visa, MasterCard, and Discover. Lab-related services require 50% at the preparation date and 50% at the completion date.

As a courtesy to our patients who have dental insurance, we will gladly file your claim electronically. Your deductible and estimated portion not covered by insurance are due on the date of service. Any remaining balance or any charges incurred which are not covered by your primary (or secondary) dental insurance is your responsibility. There are no guarantees of insurance benefits.

You are in default of this agreement if charges for care are not paid within 60 days of the date of treatment, regardless of whether or not your insurance benefits have been received. Delinquent accounts are handled by Franklin Collection Services. In the event that your account is submitted for collection, you are responsible for all reasonable costs of collection, including court costs and attorney's fees. One and one-half percent (1.5%) per month interest (18% per year) will be charged on accounts 60 days from treatment date.

I have read and understand the above policy.

By signing below, I agreed to the terms of this financial agreement.

Patient (or Responsible Party) Signature

Print Name

Date