



## Consent For Services and Financial Policy

As a condition of treatment by this office, financial arrangements must be made in advance. The practice depends upon reimbursement from patients for the costs incurred in their care. Financial responsibility on the part of each patient must be determined before treatment.

All emergency dental services, or any dental services performed without previous financial arrangements, must be paid for in cash at the time services are performed unless other arrangements are made.

Patient with dental insurance understand that all dental services are the responsibility of the patient and that he or she is personally responsible for payment of all dental services. This office will file dental claims as a courtesy to patients. However, the claim is not paid by insurance, patient is responsible for paying for services rendered.

A service charge of 1.5% per month (18% per annum) on the unpaid balance will be charged on all accounts exceeding 60 days, unless previously written financial arrangements are satisfied.

I understand than any fee estimate for this dental care can only be extended for a period of six months from the date of the patient examination.

Patient: \_\_\_\_\_

Date: \_\_\_\_\_