

## FINANCIAL POLICY

- All payment is due at time of service unless other arrangements have been made.
- For my convenience, this office may release my information to my insurance company, and receive payment directly from them.
- Please keep in mind that all insurance benefits quoted are estimates. The insurance company retains the right to change their reimbursement at any time, even if benefits have been pre-estimated.
- Every effort will be made to help me with my insurance, but if they do not pay as expected, I will still be responsible for all charges incurred.
- I understand that if I begin major treatment that involves lab work, I will be responsible for the fee at that time.
- If sent to collections, I agree to pay all related fees and court costs.
- I agree to pay finance charges of 1.5% per month (18% APR) on any balance 90 days past due.
- I will pay a \$25 fee for appointments broken without 24 hours notice.
- Treatment plans may change, and I will be responsible for the work actually done.

I agree to let this office run a credit report. If no, then all fees are due at time of service.

YES

NO

Signature \_\_\_\_\_

Date \_\_\_\_\_