

## Financial Agreement

We are committed to providing you with the best possible care. If you have dental insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and understanding of our payment policy.

Payment for service is due at the time service is rendered. We accept cash, checks, and major credit cards. We will be happy to process your insurance claim form for you. However, your co-pay may be requested at the time service is rendered. We will gladly discuss your proposed treatment and answer any questions relating to your insurance.

Your insurance is a contract between you, your employer, and the insurance company. We are not a party to that contract.

Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.

If our office does not receive payment from your insurance company within 45 days, you will be responsible for 100% of the outstanding balance. We will be happy to provide you with any assistance you may need while dealing with your insurance company. If after 90 days we are forced to file your account with a collection agency, you will be responsible for the additional fees we incur.

We must emphasize that as a dental care provider, our relationship is with you, not your insurance company. While filing insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date services are rendered.

### Your Appointment!

We will call one to two days before your appointment to remind you and confirm that you will be able to make your appointment.

We certainly understand that occasionally circumstances arise that prevent patients from keeping their appointments. We reserve the right to charge for missed / failed appointments, unless we are given 24 hour notice. The fee will range from \$25.00 to \$100.00, it will depend on how much time we have reserved for your appointment!

Thank you for your understanding. Please let us know if you have any questions or concerns. We are always happy to assist you!

I have read this form thoroughly, including the financial policy. I understand and agree to these policies.

Leah Thompson Gagnon, D.M.D.

X  
Signature

Date

Print \_\_\_\_\_