

Financial Agreement for MG Dentistry

This agreement is to inform you of your financial obligation to our practice. We are committed to providing you with the most comprehensive dental care using only the highest quality material and technology available in the market today. We are also committed to providing you with up-to-date information and educational tools so that you may fully participate in maintaining optimum oral health. This financial agreement is intended to facilitate our ability to provide excellent service to you while minimizing our administrative costs.

All charges you incur are your responsibility regardless of your insurance coverage. We must emphasize that as your dental care provider, our relationship is with you, our patient, not with your insurance company. Your insurance policy is an agreement between you, your employer, and the insurance company. Our practice is not a party to that agreement.

As a courtesy to you we will help you process all your insurance claims. In order for our practice to file your insurance claim, you must bring proof of insurance at each appointment.

Your **estimated** cost for treatment is due at the time treatment is provided. Our practice accepts cash, personal checks, MasterCard, Visa, American Express and Discover. Third party, extended payment financing is available upon request and approval.

Returned checks and balances older than 60 days will be subject to collection fees and financing charges at the rate of 1.5% per month (18% annually).

Additionally, our practice will charge you a \$150 cancellation fee for any appointment that you do not provide 48-hours notice.

Please do not hesitate to ask if you have any questions regarding this financial agreement. We are committed to providing you with the ultimate experience in dental care.

I HAVE READ AND ACCEPT THE TERMS AND CONDITIONS OF THIS FINANCIAL AGREEMENT.

Name of Patient or Responsible Party

Date