

**Financial Agreement  
&  
Billing Policies**

Thank you for choosing Evergreen Family Dentistry to provide you with the utmost in dental care and services. So that we may serve you better, we would like to share our commitment to you regarding financial obligations.

**Account Balances:**

To keep your account with us as current as possible and reduce billing costs, we ask that the *patient portion* of your visit be paid at each visit. We gladly accept Visa/MasterCard, debit cards, checks or cash. CareCredit is also an option for payment. Ask the front desk staff for more information about this.

**No-Shows/Late Cancellations:**

We understand that illness and emergencies happen, but we do ask that at least 24 hours notice be given when you need to change or reschedule an appointment. This gives us the chance to provide care to another patient who may be waiting for an appointment. Our office policy is to assess a **\$50.00 fee** for short notice or non-cancelled (no-show) appointments.

**Insurance:**

We will happily aid in the billing of your dental insurance and will continue to do so for up to 60 days. If your insurance carrier delays payment, we'll contact you to request your active participation in the payment process. If your insurance carrier has declined payment or has not responded on your behalf within 90 days, your account will be due in full and any further insurance benefits desired will need to be pursued by you.

A finance charge of 1.5% will be charged on accounts 90 days or more past due.

*By signing this statement I agree to be financially responsible for payment in full on all accounts where I am the guarantor. I revoke all previous agreements to the contrary, and agree to be responsible for payment of services not paid by my dental care payor.*

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_