



FINANCIAL AGREEMENT

Thank you for choosing us as your dental care provider. We are committed to serving you with the highest quality of care possible.

If you have dental insurance, we will submit claims as a courtesy for you. The percentage paid by insurance is usually determined by how much you or your employer has paid for coverage or the type of contract your employer has set up with the insurance company. **You will be responsible for your estimated fees and deductible at the time of service as well as any balance that may remain after your insurance payments are received.**

- If your insurance company has not paid your account within 90 days, you are responsible for the balance of your account.
- Full payments/co-payments are due **at the time of service.**
- We accept cash, check, debit card, Visa, MasterCard, Discover, and American Express.
- In addition, we offer easy, affordable payment plans through Care Credit and Wells Fargo. These companies offer patient payment programs with a full range of 0% interest and extended payment plans.
- Checks that have been returned to our office from your financial institution are subject to a \$35.00 fee. This will cover the processing fees charged to our office.
- If your account is referred to a collection agency, you will be responsible for all fees incurred.

Missed appointments: If you find you must reschedule or miss your appointment, we require a minimum of 24-hour notice. If proper notice is not given, a fee of \$50 will be charged.

Please feel free to ask any questions you may have regarding our insurance or payment policies. We are happy to help you in any way we can regarding the processing of your insurance claims.

By signing below, I understand and agree to the terms and conditions of the New Haven Dental Financial Agreement.

Print Name: _____

Patient Signature: _____ Date: _____