Financial Agreement

Thank you for selecting **Patriot Family Dental** as your healthcare provider. We are honored by your choice and we are committed to providing you with the highest quality healthcare.

We ask that you provide us with the most correct and updated information about your insurance. You will be responsible for any charges incurred if the information provided is not correct.

Your dental benefits are based upon a contract made between your and an insurance company. If you have any questions regarding your dental benefits, **please contact your employer or dental insurance directly.** Dental benefit plans will never pay for completion of your dental care. It is only meant to assist you.

We estimated your portion based on the most up to date information we have, but it is only an estimate. If you would like to know your exact insurance benefit, we will be happy to file a “pre-treatment authorization” with your insurance company prior to treatment. This does delay treatment but will give you the exact out of pocket figures you may require. This can also change due to deductible information or changes to your policy.

We bill your insurance as a courtesy. If insurance does not pay in 90 days, we reserve the right to request payment in full for services from you and let you collect the insurance funds that are due you.
This is rare but it is important that you recognize that the insurance you have is a legal contract between You and your insurance company. Our office is not and cannot be a part of that legal contract.
Ultimately, you are responsible for all charge incurred at our office.

We require payment in full for your portion at the time of service. We accept..MasterCard, Visa, American Express, cash, checks. If you are in need of an extended finance option, we also work with CareCredit and Lending Club, which offer 6 months or 12 months “deferred interest” or longer financing with interest.

A specific amount of time is reserved for you and **we strongly encourage all patients to keep their appointments**. If you must change your appointment we require at least 24 hour advance notice to avoid broken appointment fees. After 2 rescheduled appointments a deposit may be required to reserve your future appointments.

Patients may also incur and are responsible for the payment of additional charges. These other charges could include charges for returned checks and any cost associated with collection of patient balances.

We welcome you to our office and look forward to helping you get the healthy, beautiful smile you've always wanted.

By my signature below, I hereby authorize the Doctors and Staff associated with Patriot Family Dental to release medical and other information acquired in the course of my examination and or treatment to the necessary insurance companies and third party contracts.

I understand that I’am financially responsible for all charges incurred at this office.

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Printed Name Date Signature(parent if minor) Date