

Andrea Hislop, DDS and Lauryl Lepak-Krumm, DDS

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 materials and technology available. 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. If payment from your insurance company is not received within 90 days from date of service, you will be expected to pay the balance in full.

Your **estimated** copayment for treatment, which is the amount not covered by your insurance, is due at the time treatment is provided. Your **estimated** copayment may be adjusted after the time of treatment depending upon the final reconciliation of insurance payments. Our practice accepts cash, personal checks, Master Card, Visa 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 finance charges at the rate of 1.5% per month (18% annually). 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.

It is also important that you understand our commitment to providing timely and quality service to all our patients. An important aspect of this service is the commitment of each patient to honor their appointment by both showing up in a timely manner, as well as giving proper notice if they are unable to keep their scheduled appointment. **We ask that you provide us with 48 hours notice for appointments that you cannot keep.** After two missed appointments, in which proper notice has not been given, you will be charged a deposit fee of \$50 for a hygiene appointment and \$75 for a doctor appointment in order to schedule any future appointments. The deposit fee will then be applied to any treatment rendered, or forfeited in the case of additional missed appointments. We appreciate your understanding in the matter.

Print Name of Patient or Responsible Party

Signature and Date of Patient/Responsible Party

