



FINANCIAL AGREEMENT

We are pleased to welcome you to our practice. Our desire is to provide you with the highest quality dental care using only the best material and technology, in a relaxed and informative environment. We pride ourselves in ten simple principals in our office. We hope that your experience here, is a result of our principals; Trust, Honesty, Communication, Integrity, Growth, Acceptance, Encouragement, Dignity, Excellence and Humility.

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 a contract between you, your employer, and the insurance company. Our office is not a party to that contract. If payment from your insurance company is not received within 60 days from date of service, you will be expected to pay the balance in full.

As a courtesy to you we will help you process all your insurance claims. We do not file secondary insurance companies. In order for our office to file your insurance claim, you must bring a completed dental insurance form or proof of insurance at each appointment. Your **estimated** co-payment for treatment, which is the amount not covered by your insurance, is due at the time service is provided. Your co-payment may be adjusted after the time of service depending upon the final reconciliation of insurance payments. Our office accepts cash, personal checks, MasterCard and Visa. Outside financing is available through Key Bank 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). Additionally, there will be a \$25.00 charge for any returned checks.

Our office will charge you for appointments that you do not keep and for appointments that you do not cancel with 48-hour notice. There will be a \$50.00 charge for missed appointments or those cancelled with less than a 48 hour notice. Appointments cancelled with Dr. Sletten will be charged 10% of the total cost (minimum \$100).

All new patient emergency appointments will be charged upfront, payment in full at time of service. Any prepaid amounts will be reimbursed upon receipt of insurance payment.

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

Signature of Patient or Responsible Party
Social Security #

Date