

FINANCIAL AGREEMENT FOR BRIAN LAVERY, DMD

This agreement is to inform you of your financial obligation to our practice. This financial agreement is intended to facilitate our ability to provide excellent service to you while minimizing our administrative costs. This system also helps to clarify what your portion will be ahead of time.

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 your insurance company. Our practice is not a party to that agreement. 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.

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, MasterCard, Visa, American Express, 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) In the event your account is sent to collections, the account holder will be responsible for all collection fees.

Additionally, our practice will charge you for appointments that you do not keep and for appointments that you do not cancel with 48- hours notice.