**Financial Agreement**

In order to keep our billing costs at a minimum and continue to offer high quality Dental

care at affordable prices, payment is expected at the time services are rendered. As a

courtesy to our patients who have insurance, we will send a claim to your insurance

company for services rendered. Regardless of whether your insurance company pays or

not, you are responsible for the balance. We allow interest free payments for up to 90

days; however these arrangements must be made with us in advance. After that we will

be happy to offer the following payment options:

• Cash

• Check

• VISA, MasterCard and Discover

• Care Credit, a low interest health care line of credit.

If payment is not made in full according to these terms a 12% annual interest rate will be

added to your account until your account is paid in full.

Your Dental health is our priority. Thank you for giving us the opportunity to serve you.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand this contract, and agree to the terms

explained above.

Signed, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permission to Bill Insurance**

I give The Dentists South Shore permission to bill my insurance company and send

whatever information necessary pertinent to my treatment to obtain payment from them

on my behalf.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_