

River Club Dental Care

Financial Agreement

Our goal is to provide the highest quality dental care possible and to have clear communication of our financial policy.

ALL ACCOUNTS ARE DUE AND PAYABLE AT TIME OF SERVICE. If a procedure requires multiple appointments, payment is required in full at the first appointment.

Payment Options

Cash, Master Card, Visa, Discover

*Credit card authorization for recurring charges (treatment exceeds \$200 and plan may not exceed 4 months)

Patients with Insurance: The patient is responsible for the estimated non-covered portion procedures and/or deductibles at the time of service, OR the patient can sign a credit card authorization to bill their credit card AFTER insurance has paid for the visit. If the insurance company does not pay after 60 days, we will bill you directly for the full balance.

Parents not accompanying their child to an appointment must make prior arrangements for payment.

Parents accompanying their children are financially responsible for payment.

18% annual **interest** is charged for any unpaid balances. A \$15 fee is charged for non-payment.

Records can be viewed at anytime. There is a nominal charge for release or copies of records.

Because instruments, chairs and personnel are reserved exclusively for your appointment, there is a \$100 CHARGE FOR CHANGED OR BROKEN APPOINTMENTS LESS THAN 48 HOURS IN ADVANCE.

I, _____, Agree to these financial terms.

Signature: _____

Date: _____