



Financial Agreement

An investment in your smile and oral health pays dividends for a lifetime. We are eager to help you achieve your dental goals and assist you in having the best oral health and smile you deserve.

Payment is due in full at the time of service. This applies to insurance deductibles and any portion estimated to not be covered by insurance. Your prompt payment is appreciated. For your convenience, we accept cash, check and Visa/Mastercard/Discover. For those who wish to extend payments over a period of time, financing is available through a third party provider, Care Credit™.

Patients without Dental Insurance

Charges are required to be paid for in full at time of service. An estimate of your expected charges will be provided for you at your examination/consultation appointment or prior to your dental treatment appointment. A 5% discount is offered to our cash patients when they pay in full on the day of service. Due to processing fees, we cannot provide this discount to those paying with credit/debit cards or **Care Credit™** accounts.

Dental Insurance

As a courtesy to our insured patients, we accept payments from most insurance companies. Insurance estimates are based on information obtained from your insurance company. The amount of coverage your insurance company will pay for a given service is determined by the level of coverage provided in your insurance agreement. We will provide an estimate to you on how much we expect your insurance will pay for treatment costs, based on contact with your insurance company and past history of payments from your insurance. While we are happy to help you with claims submission, ***we can make no guarantee about insurance payments.*** If your insurance company declines financial coverage/denies coverage for a service we have provided you, for any reason, it will be your obligation to pay for performed services, regardless of the estimate provided.

Family Members and Children

Unless other arrangements have been made, the legal guarantor is responsible for payment of services provided. For children wishing to come without a parent following the initial appointment, financial agreements must be made prior to their dental appointment.

Missed appointment

We value your time and consequently try to provide you with appointment times that are convenient with your schedule. We anticipate that you will arrive for **your reserved time** with the doctor and hygienist so that we can provide the dental care you need. We appreciate that sometimes conflicts come up that are out of your control and are willing to find another appointment time that better fits your schedule. Please give us **48 hours notice (two working days)** prior to your reserved appointment time so that we may schedule another patient (often emergencies) in your allotted time. **A missed appointment is a loss to everyone.** We retain the right to charge a "missed appointment fee" of \$50 for patients that do not arrive for their reserved appointment without appropriate notice.

I hereby authorize payment directly to Jeremy Archibald DDS, PC of the insurance benefits otherwise payable to me. I also authorize release of any information, including the diagnosis, records collected to make a diagnosis and treatment rendered to my insurance company. Returned checks will incur a fee of \$35. **Payment is due upon receipt of invoice for any previously unpaid balances.** Online bill pay is available on our website, www.doctorarchibald.com. If it becomes necessary to utilize collection services for unpaid balances over 90 days, the guarantor on the account agrees to pay for all costs and expenses, including reasonable attorney fees, required to collect the balance owed.

Printed name: (patient) _____

Date: _____

Signature: (patient) _____

Printed name: (guarantor if different) _____

Date: _____

Signature: (guarantor if different) _____

