FINANCIAL AGREEMENT

Welcome to Normandy Park Family Dentistry. It is our desire to provide you with the highest quality dental care available and a thorough explanation of recommended treatment plans and financial options. Should additional procedures become necessary during treatment, you will be informed before treatment is rendered and advised of any fee increase. With your verbal consent, treatment will be performed and your financial arrangement adjusted accordingly.

DENTAL INSURANCE

We accept most dental insurance. If you have any questions concerning your insurance, please feel free to discuss it with our business manager.

As a courtesy to our patients, we will obtain insurance benefit information, attempt to verify eligibility and submit insurance claims. Verification of eligibility and benefit information, however, is not a guarantee of payment. Full financial responsibility lies with the patient. Arrangements for payment are made with you. We require your estimated co-pay at time of service. After 60 days any unpaid balance will begin to incur interest charges at the rate of **1%** per month.

Our practice is committed to providing the best treatment possible for our patients and we charge what is usual and customary for our area. You are responsible for paying the bill regardless of the insurance company's determination of usual and customary rates.

This signature on file is my authorization for the release of information necessary to process my claim. I hereby authorize payment to Brian M Carey DDS of the benefits otherwise payable to me.

APPOINTMENTS

When we schedule an appointment for you, we have reserved that time for you only. Please help us serve you better by keeping your scheduled appointments. We understand that emergencies may come up and you may need to reschedule your appointment. Unless rescheduled with a minimum of **24** hours advance notice, our policy is to charge for missed appointments. There will be a $50 fee for each hour of time reserved.

PATIENT_____

SIGNATURE RESPONSIBLE PARTY_____

RELATIONSHIP_____ DATE_____