Financial Agreement

Fort Wayne Dentists

Dental treatment is an excellent investment in an individual's medical and psychological well-being. Financial considerations should not be an obstacle to obtaining this important health service.

We request that payment arrangements be made prior to beginning your treatment. Being sensitive to the fact that people have different needs in fulfilling their financial obligations, we would like to provide you with a choice of payment options:

PAYMENT OPTIONS

- **5% Discount**
  - Patients who do **NOT** have dental insurance will receive a discount on treatment costs exceeding $300.00 when pre-paying in full with **cash or check.**
- **Care Credit**
  - Credit card for health care costs
  - 6 months deferred Interest on amounts of $200.00 or more
  - Applications available in the office or apply online at www.carecredit.com

INSURED PATIENTS: Payment not covered by the insurance is due within 10 days after we receive the insurance payment. Your insurance company will first send you an EOB, so you will know what the insurance payment and your portion will be before we do.

I authorize the Doctor and staff to perform any and all forms of treatment, medication and therapy that may be indicated in connection with me or my dependents' treatment.
I understand that I may be charged a $30 fee if I fail to cancel an appointment without 24 hour notice.
I understand credit bureau reports may be obtained. In the event my account becomes delinquent, I agree to pay a $15 monthly late fee on any outstanding balance. In addition, if my account is sent to collections, I agree to pay said late fees, interest at the rate of 18%, court costs, and reasonable attorney fees.

Please sign below stating you have read the above information and understand the payment options.

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Print Patient Name **Date**

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Patient Signature (or parent/guardian if patient is a minor**)**