

FINANCIAL AGREEMENT

We at Serene Dental are committed to providing you with the highest quality dental care and up-to-date information so that you may fully participate in maintaining the best possible oral health. Our financial policy is intended to facilitate excellent service to you while minimizing our administrative costs.

- We require payment in full at the time of service
- With the information your insurance company provides us, we will do our best to provide you an estimate of your co-pay prior to your appointment. Please read your insurance benefit booklet and understand all waiting periods, frequency limitations, age limits and any exceptions, and exclusions. If you are “double covered” with two insurance companies, be aware of a “duplication clause” and verify whether or not your secondary insurance has standard coordination of benefits.
- As a courtesy, we gladly process your insurance claims and estimate the amount not covered by your insurance, this entire estimated co-pay is due at the time of service. All incurred charges are ultimately the responsibility of the patient regardless of insurance coverage.
- For private pay senior patients we offer a 10% courtesy discount for full payment with cash or check at the time of service or a 5% discount for full payment with a credit card.
- Any balances over 30 days old will be subject to a 1.5% monthly finance charge.
- Returned checks for insufficient funds or closed accounts are subject to a \$25.00 fee. If a check is returned, cash, Visa, MasterCard, or CareCredit will be the only accepted form of payment.
- We offer a payment plan through a third party agency, CareCredit. CareCredit is a low, and in some cases, zero-interest credit line which provides a flexible payment plan and can also be used for a variety of other health care services. More information is available online at www.carecredit.com or by calling our office.

Payment options:

- Cash/Check
- Visa/MasterCard/Discover
- CareCredit

We require a 24-hour notice for cancellations. Appointments canceled without 24-hour notice and missed appointments will incur a \$45.00 fee.

I have read and understand the above financial and cancellation policy of Serene Dental.

Signature: _____ Date: _____

Print Name: _____