

FINANCIAL AGREEMENT

_____ Payment in full by cash or check due at time of service and receive a 5% discount for treatment over \$200.00.

_____ Financing over six months at 0% interest with pre-dated checks or credit card number on file. First payment is due at time of service.

_____ Up to 72 months financing on approved credit with Springstone Patient Financing. [www.springstoneplan.com]

_____ If you are 65 or older, a 10% senior courtesy will apply on your balance after Insurance has paid.

Please understand that your insurance plan is a contract between you and your insurance carrier. Once your yearly maximum benefit has been paid toward dental treatment in our office or any other office, no further payments will be issued during the benefit year. Our office will do all we can to facilitate your reimbursement, but we do not have the power to enforce this. We allow 60 days for your insurance company to make a payment, after this time all inquires on payment due become your responsibility.

I agree to the financial responsibility for the total fee. The fees listed on this treatment outline will be honored for 90 days from the above date. After that time, the fees are subject to adjustments.

Signature _____ Date _____