

Purpose of Agreement

This Agreement is made in regard to the dental services to be provided to the Patient by the Dental Provider, starting with an initial consultation or treatment appointment. The terms of this Agreement cover payment for services rendered, whether in full or on an installment basis, and include any costs related to treatment or procedures.

Dental Services Provided

The dental services to be provided will be outlined in the treatment plan presented to the Patient before treatment begins. This may include, but is not limited to:

- Diagnostic services (e.g., X-rays, exams)
- Preventive services (e.g., cleanings, fluoride treatments)
- Restorative services (e.g., fillings, crowns)
- Cosmetic procedures (e.g., whitening, veneers)
- Surgical services (e.g., extractions, implants)

A comprehensive breakdown of the costs for each service will be provided prior to starting any treatment.

Insurance Coverage

If applicable, the Patient agrees to provide accurate insurance information to the Dental Provider. The following conditions apply:

- The Dental Provider will submit claims to the Patient's insurance company, but the Patient remains responsible for ensuring the accuracy of their coverage and for any unpaid balance after insurance benefits have been applied.
- Any charges not covered by insurance, including co-pays, deductibles, or non-covered services, are the responsibility of the Patient.
- Insurance estimates are provided as a courtesy, but the Patient is ultimately responsible for the full cost of services.

Late Payments and Non-Payment

- A late fee of **\$50.00** will be applied if payments are not received within 30 days of the due date.
- If the Patient's account becomes 30 days past due, the Dental Provider reserves the right to suspend all non-urgent treatments until the balance is paid in full.
- In the event of non-payment, (90 days past due) the Dental Provider may refer the Patient's account to a collections agency, and the Patient will be responsible for all collection costs, including legal fees.

Cancellations and Missed Appointments

The Patient understands and agrees that missed or canceled appointments with less than 48 hours' notice may incur a cancellation fee of \$75.00. If an appointment is missed without any notice a \$150.00 fee will be incurred.

Acknowledgment and Acceptance

By signing this Agreement, the Patient acknowledges that they have read, understood, and agree to the payment terms as outlined above. The Patient also agrees to the payment for any additional services not initially outlined but rendered during treatment as necessary.