



PROVIDENCE ORAL SURGERY PATIENT FINANCIAL AGREEMENT

We want to provide the absolute best care for our patients.
We offer the following agreement and payment options.

*****ALL ESTIMATED FEES ARE DUE AT THE TIME OF SERVICE*****

FOR OUR PATIENTS WITH DENTAL INSURANCE:

We will gladly verify your dental benefits and file your primary and secondary insurance claims with the following agreement:

- Your dental insurance is an agreement between you and your insurance company.
- All patient portions are only an estimate and never a guarantee of payment.
- As part of your contract with your insurance company, you are responsible for all out of pocket portions and deductibles.
- Insurance payments not paid after 90 days will become your complete responsibility and must be paid in full.

PAYMENT OPTIONS:

- For your convenience, we accept the following payment methods:
 - Visa, MasterCard, Discover, American Express, CareCredit, Apple Pay, Health Savings/Flexible Spending Accounts and Cash.
- If paying with cash, please have exact change.

MISSED APPOINTMENTS OR SHORT NOTICE CANCELLATIONS:

We understand that your plans can change; sickness happens, and things come up. When they do, a 48 hour notice is greatly appreciated when you need to reschedule your appointment. If you "No Show" to a scheduled operative appointment you will not be able to schedule another appointment. If you cancel within the 48 hour window you may be required to put down a deposit at the time of re-scheduling. If second operative appointment is missed or cancelled within the 48 hours, you will forfeit your deposit.

I have read, understand and agree to all of the above. I have been given the opportunity to ask questions. If I have insurance, I hereby authorize my insurance company to pay my dental benefits directly to the doctor. I authorize Providence Oral Surgery to release any of my medical information to my insurance company as needed to process my insurance claim.

Signature

Date