Waldo County Family Dentistry

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As the responsible party, this agreement is to inform you of your financial obligation to our practice. We are committed to providing you with the highest quality dental care using only the best material and technology available in the market today. We are also committed to providing you with up-to-date information and educational tools so that you may fully participate in maintaining your child's optimum oral health. This financial agreement is intended to facilitate excellent service to you and your family while minimizing our administrative costs.

All charges you incur are your responsibility regardless of your insurance coverage. We must emphasize that as your dental care provider, our relationship is with you, our patient, not with your insurance company. Your insurance policy is a contract between you, your employer, and the insurance company. Our office is not a party to that contract. **If payment from your insurance company is not received within 60 days from date of service, you may be expected to pay the balance in full.**

As a courtesy to you we will help you process all your insurance claims. We require that you direct your insurance company to pay your benefits directly to our office by signing the authorization on the back of our Health History. In order for our office to file your insurance claim, you must bring proof of insurance at each appointment.

Your **estimated** co-payment for treatment, which is the amount not covered by your insurance, is due at the time service is provided. Your co-payment may be adjusted after the time of service depending upon the final reconciliation of insurance payments. Our office accepts cash, personal checks, MasterCard and Visa. Additional financing is available through CareCredit upon request and approval.

If you have any questions regarding this financial agreement, please ask. We are committed to providing you with the most positive experience in dental care.

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Parent or Responsible Party Name (Please Print)

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Child Name (Please Print)

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Parent or Responsible Party Signature Date