



Financial Agreement

We are committed to providing you with the highest quality dental care and 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.

Payment Options

- ✓ Cash/Check
- ✓ Visa/ MasterCard/ American Express
- ✓ CareCredit

*As a courtesy, we gladly process your insurance claims and with the information provided by you and your insurance company, we will do our best to provide you an estimate of your co-pay prior to your appointment. All incurred charges are ultimately the responsibility of the patient regardless of insurance coverage. We are not a representative to your insurance company.

*Any balances over 60 days 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. After a check is returned, cash, Visa, MasterCard or CareCredit will be the only accepted form of payment.

*A missed or less than 48 hour notice to cancel your reserved time will be subject to a \$150 per hour charge.

*If it becomes necessary to effect collections of any amount owed on this or subsequent visits, the undersigned agrees to pay for all costs and expenses, including reasonable attorney fees and cost. In the event collection efforts are necessary, I authorize the doctor to release personal information necessary to secure payment.

Our office is unable to arrange payment plans. If, however, you would like information about CareCredit, a credit program with low, and in some cases, zero-interest credit card, which provides a flexible payment plan and can also be used for a variety of other health care services. Please go to www.carecredit.com or request a brochure from our office.

I have read and understand the above financial policy of Richard L. Dietrich D.M.D PC.

Signature: _____ Date: _____

Printed Name: _____