

This form is to be filled out by the Doctor or Staff.

Financial Contract

Patient

Notes

Outstanding Balance

Estimated Insurance*

Total Due

Payment Options

Payment in Full

Major Credit Card

We accept most major credit cards. Please check with your Doctor to find out which cards are accepted.

Amount applied to major credit card

Financing

Consult your doctor for options.

Amount applied to account

I consent to and authorize the indicated dental services to be performed. I understand that at any time I may terminate or postpone such treatment. I understand that I am solely responsible for all dental fees incurred, and any and all dental insurance is a contract between the insurance carrier and myself. The approximated insurance payment will be paid by me at beginning of treatment and I will collect any claim reimbursement from insurance company. I have read and understand the Financial Policy on the reverse side of this form.

Patient Signature

By entering my name above, I acknowledge that it has the same effect as signing a paper contract.