

# Riverside Family Dentistry

## Financial Agreement

Our goal is to provide you with an explanation of your treatment options and the associated costs BEFORE services are provided. If you have any concerns or you do not understand these choices, please ask for a clarification. We want you actively involved with your treatment decisions.

Payments, co-payments and deductibles are due at the time services are rendered, unless specific alternative arrangements have been made.

For your convenience, we provide these payment options:

- We accept Visa, MasterCard, Discover and American Express credit cards.
- We can set up automatic withdrawals from your Visa, MasterCard, Discover or American Express cards with a signed consent.
- We will assist you in the application process for Care Credit and accept their discounted payment. This dental credit card company is highly endorsed by the American Dental Association and the Academy of General Dentistry.

For those patients with dental benefits, we will prepare the necessary forms and accept assignment of your benefits. However, it must be understood that you are responsible for your account and we are merely assisting you in collecting your benefit.

Appointment times are made exclusively for you. We reserve the right to charge for cancelled or broken appointments without a 24 hour advance notice.

There will be a \$25.00 fee for returned checks.

All past due accounts are subject to a finance charge of 1.25% per month on balances unpaid after 60 days or maximum rate allowed by law. The undersigned responsible party, agrees to be personally responsible for all charges. If at any time, or for any reason, the undersigned is unable to pay for services when due, the undersigned agrees to pay and authorized Riverside Family Dentistry to bill their account finance charges as described above. In the event it becomes necessary for Riverside family dentistry to incur collection costs or institute suit to collect any amount due under this agreement, the undersigned also agrees to pay collection fees and expenses, including reasonable attorneys' fees and court cost plus all legal fees if incurred for collection and submit to jurisdiction and venue in Rock Island Count, IL.

**I have read and understand this financial agreement.**

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date