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We want our patients to be able to comfortably afford dental care.

- **We will explain your treatment plan, estimated charges, and co-payments prior to service.**
- **Payment for treatment is expected at the time of service.**
 - Patients are financially responsible for all treatment rendered.
 - If you have dental insurance, this includes payment at each visit for the uninsured portion and deductible.
 - If needed, we will gladly discuss financial arrangements and payment options that are available to you.
 - You may be able to finance your treatment needs over time.
- **Patients are responsible for knowledge of their dental insurance.**
 - As a courtesy, we will prepare and submit dental claims.
 - Please provide updates and changes regarding dental insurance.
 - We do not guarantee insurance payment.
- **We require 24 hour cancellation notification for appointments.**
 - Can result in a broken appointment charge.

Thank you for your cooperation and understanding.

Patient of Responsible Party Acknowledgement

Date

Print Name

Signature