

# Airway Heights Dental Center

## Financial Agreement

Our goal is to provide the highest quality of dental care possible to every patient and to have clear communication of our financial policy.

ALL accounts are due and payable at time of service. If multiple appointments are necessary we ask that payment is paid in full at the first appointment.

**For all appointments 2 hours or longer we ask for a down payment of \$200 at time of scheduling.**

**We accept the following payment options:**

1. Check
2. Cash
3. Credit card (Mastercard, Visa, Amex, Discover)
4. CareCredit

We can split payments up for treatment over \$200 for no longer than 3 months. We require a credit card to be on file for autopayment.

**Patients with insurance:** the PATIENT responsibility for the ESTIMATED non-covered portion, including deductibles, is due at time of service. We will bill your insurance as a courtesy. They, however, determine the final payment.

**Patients NOT accompanying their children** to an appointment must make prior arrangements for payment.

Because instruments, chairs/rooms and, personnel are reserved exclusively for your appointment, there is a \$100 charge for broken appointments less than 24 hours in advance.

I, \_\_\_\_\_ understand and agree to these financial terms.

Signature \_\_\_\_\_ Date \_\_\_\_\_