Milford Dental Clinic, P. C.
Office Financial Agreement

Payment is due at the time services are rendered. For your convenience we accept Cash, Visa, MasterCard, or personal check.

Insurance benefits are determined by your employer and not your dentist. Any deductible or estimated co-payment amount will be due at the time of treatment. Insurance is not a guarantee of payment; insurance companies will not pay for all your costs. Your insurance policy is a contract between you and your employer. Your insurance and payments are still your responsibility. As a courtesy, we will be glad to file your claim for you, if you bring all required insurance information. You will be expected to pay for services rendered if the office is unable to verify your insurance information before treatment. If payment for services already rendered has not been paid in full within 45 days, either by you or your insurance company, the remaining balance for treatment is considered due and collectible.

Payment plans and financial arrangements can be entered into for comprehensive dental treatment, prior to commencing treatment.
We also have outside 0% financing available through Care Credit.

We reserve the right to charge and collect fees for broken appointments. Appointments that are cancelled or broken without 24-hours advanced notice will incur a charge of $50.00.
Appointments are reserved exclusively for you.

Returned Check Fee of $25.00 will be added to your account balance and is collectible.

I have read and understand this financial agreement.

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Printed name **Signature** **Date**

Please complete both sides