BECKHAM SQUARE
FAMILY DENTAL

Schmerler & Malavich Family Dental, LLC

FINANCIAL AGREEMENT

Welcome to the practice of Dr. Schmerler & Dr. Malavich. Thank you for choosing us for your general dental treatment. Our mission is to provide you with exceptional service while at the same time doing our best to accommodate your financial needs. Please review our practice policies on the matter and do not hesitate to speak with our staff regarding any questions, concerns, or suggestions.

- As a courtesy to our patients we offer no interest payment plan options through Care Credit or Lending Club. Each option will be individualized based on your treatment needs.

- To expedite the treatment process, our staff will contact your insurance company (if applicable) for an estimate of your benefits. The information you will receive is **ONLY AN ESTIMATE**, and at times does change. You are responsible for any portion of the treatment cost that is not covered by your insurance.

- To obtain a more explicit explanation of your benefits and out of pocket expenses, it is advised that you contact your insurance company directly with your proposed treatment plan.

- Payment for the procedure is due on the day during which the treatment is rendered. As a courtesy, we require that you pay your estimated portion of the fees, while the rest will be filed with your insurance carrier.

- All appointments that are ***missed, cancelled, or rescheduled with less than 2 business days*** notice will be **charged a $25 fee**.

- A refund check will be issued for any credit balances. It is the patient's responsibility to promptly cash the check in a timely manner. Any uncleared refund checks in the amount of $100 or less are void after 12 months and will not be reissued.

We thank you in advance for acting in accordance with this agreement. We hope your experience in our practice will be pleasant, and look forward to seeing you in the future.

I certify that I have fully read and understand this document. I have had the opportunity to ask any questions regarding the policies described.

_____ _____ _____

Print Name Signature Date