



## Financial Agreement

**PAYMENT IS REQUIRED FOR ALL DENTAL SERVICES AT THE TIME TREATMENT IS RENDERED. We accept Visa, Mastercard, Discover, American Express, Care Credit, Cash, or Check.** Payment arrangements must be made prior to date of service, and be in writing. (~90 days)

**INSURANCE BILLING- THE PATIENT IS ULTIMATELY RESPONSIBLE FOR PAYMENT IN FULL OF THEIR ACCOUNT, NOT THE INSURANCE COMPANY.** We do however, bill insurance claims as a courtesy to our patients. We can ONLY make ESTIMATES regarding your insurance benefits based on the information provided by you and your insurance company. In the event your insurance does not pay as much as expected, the remaining balance is due immediately by you, the patient.

**DELIQUENT ACCOUNTS-**All delinquent accounts (30 days or older) are subject to a service/late fee and/or interest.

**COLLECTION PROCEEDINGS-**In the event your account is turned over to a collection agency for non-payment or other delinquency, you will be responsible for payment of any collection costs and/or attorney fees, in addition to the balance owed. Any account turned over to a collection agency forfeits any past special fees and/or discounts. Such special fees and/or discounts will be reversed and you will be responsible for payment of regular fees. **If your account is turned over to collections, you and your family will be dismissed as patients.**

By my signature below I acknowledge receipt of the Financial Agreement for:

**Desert Dental**

Dr. Ryan Wieseler, D.D.S.

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*Patient or legally authorized individual signature*

*Date*

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*Printed name*

