



Date:

## Financial Policies Agreement

First Name:

Last Name:

Birthdate:

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Your dental health is our top priority. The following financial policies are designed to put dental health financially within reach for everyone, as much as possible.

- \* Payment is due at the time of service. If you have dental insurance we can file a claim on your behalf.
- \* Accepted payment methods include cash, check, all major credit/debit cards, and Care Credit.
- \* Online payments can be made via credit or debit card at our website, [www.HessDDS.com/PayNow](http://www.HessDDS.com/PayNow).
- \* An installment plan may be available with prior approval.

By my signature below I agree to the following terms:

- \* For my convenience, this office may release my information to my insurance company, and receive payment directly from them.
- \* I understand that if I begin major treatment that involves lab work, I will be responsible for the lab fee at that time.
- \* If my account is sent to collections, I agree to pay all related fees and court costs.
- \* Every effort will be made to help me with my insurance, but if they do not pay as expected, I will be responsible for any outstanding balance.
- \* I agree to pay finance charges of 1.5% per month (18% APR) on any balance that is 90 days past due or greater.
- \* I will pay a fee for appointments broken without at least 2 business days' notice.
- \* I understand that fees quoted prior to treatment are estimates only.
- \* I understand that the doctor exercises his best professional judgment throughout both diagnosis and treatment, and as a result the treatment performed may be different from the treatment that was initially proposed. In any event, I will be responsible to pay for the treatment that was performed.

<--Sign here

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## Notice Of Privacy Policies

I have had full opportunity to read and consider the contents of the Notice of Privacy Practices (available at [www.HessDDS.com](http://www.HessDDS.com) on the "New Patients" page). I understand that I am giving my permission to your use and disclosure of my protected health information in order to carry out treatment, payment activities, and healthcare operations. I also understand that I have the right to revoke permission.

<--Sign here

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The most up-to-date versions of these policies are available at any time at [www.HessDDS.com](http://www.HessDDS.com)