

SKAGIT VALLEY DENTAL

NOAH R. FRERICHS, DMD

TOD E. DAVIDSON, DDS

FINANCIAL AGREEMENT

ACCEPTABLE METHODS OF PAYMENT: **(PLEASE CIRCLE # THAT APPLIES)**

1. Cash or Check
2. Visa or MasterCard
3. Care Credit

A payment plan is available upon approval of credit through **Care Credit**

We have applications for *Care Credit* Payment Plans available. If you cannot pay with cash, check, or credit card, at the time of treatment, you may want to consider this option.

DENTAL INSURANCE:

We will be happy to bill your insurance as a courtesy to you. Insurance benefits vary with different companies. Very few policies pay 100% of all procedures. Therefore we require your estimated patient portion at the time of service on all dental care, according to the payment methods listed above. Please remember you are responsible for payment of your account within the usual limits of our policy. We cannot accept responsibility for collecting insurance claims. Insurance reimbursement is the result of a contract between you and your insurance carrier.

EMERGENCIES: NEW PATIENTS

Payment for emergency service is expected **IN FULL** on the date of service regardless of Insurance.

If you must cancel or reschedule an appointment you must give us at least 24 hours notice or there is a minimum \$50.00 charge.

I have read the above and agree to the terms.

SIGNATURE _____ DATE: _____