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*Financial Agreement*

This agreement is to inform you of your financial obligation to Honor Dental. We are committed to providing each patient with the highest quality dental care using only the best materials and technology available in the market today. We are also committed to providing patients with up-to-date information and educational tools so that each individual may fully participate in maintaining optimum oral health. This financial agreement is intended to facilitate our ability to provide excellent service to you while minimizing our administrative costs.

Each patient is responsible for all charges incurred without regard to insurance coverage. We must emphasize that as your dental care provider, our relationship is with you, our patient, not with your insurance company. Your insurance policy is a contract between you, your employer, and the insurance company. Our office is not a party to the contract.

For our office to file your insurance claim, please provide your insurance information or card to our office.

Our office does not guarantee that your insurance company will pay for the treatment you receive from our practice. If your claim is denied or the treatment is down coded and/or alternative benefits given, you will be responsible for paying the full balance amount left on the account at that time.

We may estimate your insurance benefits, however, we are not responsible for their accuracy. Benefits differ by dental plan. Not all services we provide are covered benefits.

We provide written estimates of fees. Payment is expected at each visit for services rendered.

If you cannot provide full payment, we can discuss payment plan options.

**Patient Signature:**  **Date:**