

Office Financial Agreement

Bella Dental Services, P.C.

Roderick S. Cooper, DDS

Thank you for choosing Bella Dental Services as your dental health care provider. We are committed to the success of your dental treatment by providing you with the highest quality care available. In order to help reduce our administrative costs and to keep our fees to you as low as possible, we require payments to be made at the time you receive treatment, or before.

We are pleased to offer our patients the following payment options:

- ☐ Cash *
 - ☐ Check *
 - ☐ Major Credit Card (Visa, Master Card, and Discover)
 - ☐ Interest-Free Payment Plan (Care Credit)
- * A courtesy fee adjustment may apply for amounts more than \$300

A note to our patients with dental insurance:

As a courtesy to our patients, we will process your insurance claim; however, dental insurance typically covers only a portion of the total cost of treatment. Your co-payment (the estimated amount not covered by dental insurance) is due at, or prior to the time of treatment. You will be responsible, in total, for remaining account balances after 30 days non payment.

A service charge of 1 ½% (18%/year) will be charged on all accounts over 30-days. Attorney fees may be charged for accounts sent for collection.

Acceptance Agreement:

I understand, and accept, the above financial terms. I further understand that I am ultimately responsible for the payment of ALL fees, regardless of insurance coverage. I understand that payment for all dental services is due in full, within 30 days from the date-of-service, regardless of whether or not my insurance payment has been received.

Patient/Responsible Party

Date