

# Financial Agreement

Jeremy H. Burden DDS  
24 Oak Street  
Bath, Maine 04530

## All patients please read the following...

Payment for services is expected at the time service is provided. Cash and personal checks are accepted as well as Visa, MasterCard, Discover and American Express. If an extended payment plan is desired, please inquire about our financing program.

**I understand and agree that if I miss any scheduled appointment without providing at least 48 hours notice, except in extenuating circumstances as determined by this dental office, I will be charged a failed appointment fee of \$50.** I understand that a failed scheduled appointment monopolizes the doctor and staffs' time that could have been utilized helping another patient. I agree that this charge is fair and reasonable. **Excessive failed appointments will result in dismissal from the practice.**

I understand and agree that all services rendered me, my dependents, or others assigned by me to my account are charged directly to me. I further understand I am personally responsible for payment. Any balance extending beyond 90 days from the date of treatment may be assessed a service charge of 1.5% (.015) per month. If I suspend or terminate care and treatment, any fees for services rendered will be immediately due and payable.

## If you have dental insurance...

As a courtesy, we will file your claim for you. We accept direct payment from most insurance companies. We will estimate your deductible and the portion not covered by your insurance, which is due at the time of treatment. Our estimates may differ from your insurance company's calculations; therefore the amount due our office may be adjusted accordingly. **All services rendered are charged directly to the patient, and the patient is ultimately responsible for the account regardless of insurance coverage.**

By signing below I signify that I have read, understand and agree to each paragraph and provision of this agreement:

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Print name

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Signature & Date