



Keith L Stucki DMD, MS

General Financial Agreement

Thank you for choosing our office for your dental needs. In an effort to provide quality care to our patients and to avoid any misunderstandings, we would like to inform you of our office policy regarding payment for services rendered.

Financial Options:

- 1. Payment in full** at time of services.
Payment in full at time of service you will receive **5%** off of your balance if we are not billing an Insurance Company when paying by **Cash** or **Check**.
- 2. We accept: Cash, Check, Debit, Visa, MasterCard, American Express and Discover.**
- 3. CareCredit**
Our practice offers a flexible payment program called **CareCredit**. It's very quick and easy to apply for. With this program you can make low monthly payments, choose between several payment plans, and pay no money up front. There are also interest free plans to choose from.

*Please inquire about pamphlet and application if interested. You can also apply on line at www.carecredit.com.

We require **24 hour notice** of change or cancellation of appointment. In the case of short notice cancellations or broken appointments, you will be charged a **\$50 missed appointment fee**.

As a courtesy to our patients with dental benefits, we will submit your claim to your insurance company. Any portion not expected to be covered by your insurance is the **responsibility of the patient and is due at the time the service is rendered**. This amount will include deductibles and co-payments. If benefit amounts are less than expected, you will be billed for the difference and payment is due within **30** days.

Thank you.

I have read the financial policy and agree to all terms and conditions.

Patient, Parent, or Legal Guardian

Date

Patient Name

Date