Old Alabama Family Dentistry
Gary E. Taylor D.D.S. & Associates, P.C.
3440 Old Alabama Road, Alpharetta, Georgia 30022 (770) 475-0603

Financial Agreement (Confidential)

We appreciate the privilege of providing your dental care. It is our goal to make your visits as pleasant as possible; and this includes easing any potential financial burdens, as we realize that every person's financial situation is different. Your review of our financial agreement is important to ensure that it provides all the information needed.

- Payment is due on the date of treatment, although cases involving advance lab work do require a 50% deposit prior to the start of work, with the final payment due by completion. If you need to reschedule any appointment, *please be sure to call us two-business days in advance to avoid any short-notice cancellation charges,* as this time is reserved for you.
- For your convenience, we offer several payment options (checks, debit/credit cards, insurance checks); we also provide CareCredit (no-interest) financing plans for extended payments over 60 days. Fees are guaranteed for 90-days.
- As a courtesy, our Finance Manager will work on your behalf to obtain an *estimate* of your insurance benefit from your insurance provider and we will submit the necessary documentation for insurance reimbursement. However, if for any reason your insurance company has not paid/declined its portion *within 60-days from the start of treatment*, you will be responsible for payment at that time.

Name _____ Account #:_____

Treatment Plan (Including Tooth# and ADA codes:

_____

_____

_____

Treatment Plan Fees $_____ **Method of Payment for Patient Portion:**

☐ Check

Insurance Payment Estimate $_____ ☐ Credit Card _____ Exp. _____Code_____

Patient Portion Estimate $_____ ☐ Care Credit# _____

Deposit $_____

In the event that the terms of this agreement are not honored, the patient will become immediately responsible for the full payment of the account (including any amount not paid by insurance). A monthly (1%) charge is added, if any balance extends beyond the dates of this agreement**.** *Thank you for choosing Old Alabama Family Dentistry.*

Patient/Guarantor Signature: _____ Date: _____

Finance/Practice Manager: _____ Date: _____

07/15/2011