Pallotto Dental Care

Personalized & Comfortable

Financial Agreement

Thank you for choosing Pallotto Dental Care as your dental home.

Please take the time to read the following, initial each section, and sign and date the bottom of this form.

_____ I understand and agree to be responsible for payment of all services rendered on my behalf or my dependents half. I understand that full payment is due at the time of service unless arrangements have been made prior to the start of any treatment.

_____ Some of your treatment may not be covered by your insurance carrier. The cost for such charges will be your responsibility.

_____ Patients are asked to confirm their appointments at least 24 hours in advance by directly contacting our office or by responding to our confirmation contact. Failure to keep your appointment may result in a charge of $25 for the time reserved, as this time could be given to another patient in need.

_____ Failure to confirm your appointment with a specialist requires at least a 48 hours notice. If notice is not given, a $100 cancellation fee will be applied.

_____ There will be a minimum fee of $30 for any checks returned as Non-Sufficient Funds (NSF).

_____ Patient balances that go unpaid for 60 or more days may be referred to a collection company or attorney. In the event this occurs, I understand that I will be liable for collection cost of a minimum of $30. Further, in the event any unpaid account balance is referred to an attorney for collection, I agree also to be responsible for all costs and reasonable attorney's fees incurred in connection therewith.

_____ **If applicable**, insurance balances are ultimately the patient's obligation. We will file most primary insurances at no cost to you as a courtesy. However, insurance balances which are not paid within 30 days may be billed to you. Please keep your walk-out statements and follow up with your insurance carrier to ensure prompt payment.

Patient name: _____

Signature of Patient or Guardian_____Date_____

Print Name (*if signature is that of other than patient*) _____