

JONATHAN F. POWELL, D.D.S.

Family & Cosmetic Dentistry
1806 Thompson Rd. (FM 762) Richmond Texas 77469
(281) 341-6644

FINANCIAL AGREEMENT

Thank you for choosing our office for your dental needs. We are committed to providing excellent care and efficient transactions at the time services are rendered. Please read the following information and sign below.

ACCEPTED: CASH OR CHECKS

VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS and
CARE CREDIT FINANCING.

INSURANCE:

As a courtesy, we will file your insurance. In the case where a patient has dual coverage, we file with the primary carrier ONLY. The patient will be responsible for filing with the secondary carrier, and paying the portion not covered by the primary. If you need assistance we will be glad to help.

DEDUCTIBLE or CO-PAY:

These need to be paid as the services are rendered. Treatment outlines will reflect patient and insurance responsibility. However, the information we obtain from your insurance company is not a guarantee of their payment. The patient will be liable for any monies disputed and not collected from them. We will attempt to appeal a denied claim if at all possible.

(PLEASE KEEP US INFORMED IF YOU CHANGE INSURANCE POLICIES)

In order to be respectful of other patients who need to be seen, if you cannot make your scheduled appointment, please give 48 hours notice. Failure to do so may result in a \$50 cancellation/no show fee.

I have read the information above and acknowledge my understanding of the policy concerning financial matters.

(Patient/Responsible party's signature)

(Date)