Gregory M. Boyer, DMD
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FINANCIAL AGREEMENT

Thank you for choosing us as your dental provider. We are committed to providing you with the best treatment possible. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our financial policy which we require you to read and sign prior to beginning treatment.

Insurance

Understand that regardless of insurance status, you are responsible for the balance due on your account. Dental insurance is a contract between you and your insurance company. We are not a party to that contract.

It is not possible for our office to have knowledge and keep track of every aspect of your insurance policy. As a courtesy to you, our office provides certain services, including pre-treatment estimates that can be submitted to your insurance company, however, it is ultimately up to you to contact your insurance company and inquire as to what benefits your employer has purchased for you.

Please be aware that some or perhaps all of the services provided may or may not be covered by your insurance policy. Any balance is your responsibility whether or not your insurance company pays any portion.

Billing and Payments

Payment is due at the time of service. If insurance benefits apply, estimated patient co-payments and deductibles are due at the time of service.

Our office accepts cash, check, Visa, MasterCard, Discover and American Express. We also offer payment plans through CareCredit.

Unpaid balances over 90 days old will be subject to a monthly finance charge of 1.5% (APR 18%). In the case of account default, you will be responsible for collection costs of not more than 35% of the account balance, an interest fee of 9% of the account balance and any attorney or court costs incurred.

By signing below, I acknowledge that I have read and understand the policies outlined in this financial state, and I agree to abide by them.

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Patient's Signature **Date**