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A E S T H E T I C   D E N T I S T R Y  
*of Georgetown*

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**FINANCIAL AGREEMENT**

We are pleased that you have chosen Dr. Holley for your dental needs. In order to better inform you, please read the following summary of our financial policy.

**Insurance**

You, as the patient, are responsible for all charges regardless of insurance coverage. We must emphasize that as your dental care provider, our relationship is with you, not with your insurance company. Your insurance policy is an agreement between you, your employer, and the insurance company. Our practice is not a party to that agreement. If payment from your insurance company is not received within 60 days from the date of service, you will be expected to pay the balance in full.

We provide services as an out of network provider, and as a courtesy we are happy to file claims with your primary insurance for services rendered. Your **estimated** co-payment, which is the amount not covered by your insurance company, is due at the time of service.

**Payment**

We realize that patients have financial needs, and we will do our best to find a solution that will work best for you. We accept Visa, MasterCard, Discover, Care Credit, Springstone, and personal checks with proper identification. Returned checks may be recovered electronically along with the state allowed recovery fee. Payment of co-insurance, deductible, and/or co-payment is required at the time the services are rendered unless other arrangements have been made in advance. There will be a \$25 fee assessed for returned checks and accounts sent to collections.

Patients with outstanding balances 60 days or more overdue must make arrangements for payment prior to scheduling future appointments.

**Missed Appointments/Late Cancellations**

Your appointment is time set aside especially for you. Broken appointments represent a cost to us, to you, and to other patients who could have been seen in the time reserved for you. Please call our office and speak to an appropriate coordinator 24 hours prior to your appointment if you must cancel or reschedule. Unfortunately, if the required notice is not given, a *minimum* fee of \$25 will be charged and immediately payable. Excessive abuse of this policy may result in discharge from the practice.

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Signature

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Date

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Witness