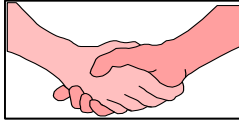


Dr. Charles E. Fankhauser



FINANCIAL POLICY & AGREEMENT

Welcome to our office. It is our goal to provide the highest quality dental care possible, and to relieve anxiety through a clear understanding of our financial policies.

Payment

Our office is doing everything possible to keep the cost of your dental treatment affordable. In order to do this, we ask that payment be made at the time of service. You may pay by cash, check, or credit card. For services exceeding \$150, special payment arrangements may be made prior to treatment.

Dental Insurance

Insurance plans vary considerably. We will assist in processing all claims, however, **the insurance agreement you have is between you and your insurance company. It is your responsibility to know the limitations of your policy**, but we will assist you in acquiring answers to your insurance questions. We ask that your deductible and co-payment be paid at the time of service, and we will inform you of your estimated portion in advance.

If after 30 days, your insurance has not paid, you will be responsible for the remaining balance. Due to the high cost of billing, interest will be added at 1.5% per month.

I have read and understand the above financial policies.

Signature _____ Date _____

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