

DATE: \_\_\_\_\_

PATIENT: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

### VALERIE D HUBBELL DDS FINANCIAL AGREEMENT

At DR. VALERIE HUBBELL'S DENTISTRY we are concerned about your dental health. We look forward to helping you with your dental care. Please remember that your dental insurance is **your responsibility**, but we are here to help. We will be happy to file your insurance for you. However, **you must pay your estimated portion at the time services are rendered**. Please remember that this is only an estimate and if your insurance fails to pay what we estimate, it is **your responsibility to pay the difference**. We are committed to providing you the highest quality care regardless of insurance.

We offer several payment options:

- 1) Cash, Check, Master Card, Visa, American Express and Discover.
  - 2) We will help you with Care Credit arrangements if you need a payment plan.
  - 3) We will give a 5% courtesy deduction to patients paying for all treatment in full, paying with cash or check, at the time of service (lab fees excluded if applicable). We will give you a completed insurance form to help you file your insurance claim
- Or** we offer Senior Citizen Discounts of 5% for patients age 65 and older. (lab fees excluded if applicable).

I understand the above policy and any questions have been answered to my satisfaction. **I understand that I am responsible for payment at the time services are rendered. I further understand 24 hours notice is required for cancelled appointments, or a cancellation fee will be assessed.**

\_\_\_\_\_  
Patient/Guardian Signature (Children under 18)