Patient Care Cancellation and Financial Agreement

In consideration for undertaking my care, I agree to the following:

I accept full financial responsibility for the services provided to me by City Edge Dental and I understand that payment is due at the time of service unless prohibited by an existing contract between City Edge Dental and the insurance company. For procedures that are billed to my insurance I understand that I become personally responsible for the charges in the event that my insurance company does not provide payment within 60 days and have provided a credit card listed below to cover these charges.

I understand that my insurance company may not cover all necessary balances and may send the check to the wrong party. In the event that the insurance company mistakenly sends a reimbursement check to me for services that were rendered but not previously paid for I will endorse the check to City Edge Dental within 5 business days of said payment; I hereby authorize the outstanding balance to be charged to the credit card listed below. If my insurance company reimburses City Edge Dental for services that I paid for at the time of service or prepaid I understand City Edge Dental will reimburse the credit card listed below the day the payment is received. In those instances in which an insurance company has made a partial payment for services, I authorize City Edge Dental to collect outstanding balances including co-pays, co-insurance, deductibles, and non-covered services on my credit card listed below.

I understand that City Edge Dental requires 2 business days notice to cancel or reschedule an appointment and that failure to provide such notice will result in a $100 non-refundable deposit toward any future appointments.

If I prefer to have dental appointments that are 2 hours or more I agree to provide a non refundable deposit of 50% of the services to be provided.

If the following credit card number or payment by check provided is invalid or does not accept charges, I authorize you to charge a $25 rebilling fee on the credit card listed below.

Name

Credit Card Number

Expiration Date | Security Code (located on the back of the card)

Signature | Date

Witness | Date

Initials

I prefer to have statements mailed to me before charging my credit card so that I have the opportunity to pay by check. However, I understand that if payment is not received within 30 days of the statement date, the balance due will be charged to the credit card listed above, including a $25 late payment charge.