

Fairchance Dental Arts: Financial Arrangement for Treatment

Updated January 2021

Name: _____ Date: _____

Treatment Recommendation(s): _____

Total for treatment above, prior to insurance: _____

Estimated insurance savings or discount: _____

Total *estimated* patient portion: _____

- For patients with insurance coverage, please understand that this is only an estimate and not a guarantee that your insurance will pay exactly as estimated.
- While we do all that we can to make sure your estimate is as accurate as possible, your insurance and plan benefits ultimately determine the amount paid.
- As a courtesy, we will process all of your insurance claims.
- Fees are estimates only, valid for 60 days from the date shown above.

Of the many financial arrangement options that the office offers, I am choosing to pay for my portion in the following manner:

I acknowledge that my questions regarding treatment options have been fully explained. It is my responsibility to complete treatment and follow recommended maintenance schedules. If I do not proceed with my treatment plan in a timely manner, maintenance plans are not followed, and/or appointments are missed, adverse results could affect my dental health. Further treatment for the involved teeth, adjacent/opposing teeth, supporting gums, and/or muscles or joints will be at our current fee(s).

I have reviewed and understand the above treatment listed.

Print Name: _____

Signature: _____

Date: _____

Financial Coordinator: _____

Date: _____