



THE LODI DENTIST

David Neal, DDS, Mary Hoff, DDS & William Huiras, DDS

1104 S. Fairmont Ave • Lodi, CA 95240 • (209) 369-3657

FINANCIAL AGREEMENT FOR THE LODI DENTIST

Thank you for choosing our office for your dental needs. Dental treatment is an excellent investment in an individual's overall health and quality of life. Financial considerations should not be an obstacle to obtaining this important care. To assist you in choosing the method of payment that is best for your situation, we have several financing options available.

Unless financial arrangements are made in advance, fees are due and payable at the time treatment is rendered. We accept cash, personal checks, or credit cards (MC, Visa, American Express, Discover and Carecredit).

For our patients with dental insurance: We are happy to assist you in filing the necessary forms to help you receive the full benefits of your coverage. Payment for your estimated portion is due and payable at time of service. The insurance relationship constitutes an agreement between the carrier and the patient. As such, we can make no guarantee of estimated coverage or payment. Because we cannot guarantee your exact insurance coverage, there may be a balance remaining after insurance payment is received. We ask that you pay this balance upon receipt of invoice.

I understand that any insurance estimate given to me by this office is not a guarantee of actual insurance payment. I also understand that i am ultimately responsible for all charges incurred for dentistry performed upon myself or my dependents in this dental office. Any insurance claim not paid in full will become my responsibility to pay.

Patient (or Responsible Party) Signature: _____ Date: _____

RESERVATION AGREEMENT

As our patient, and to ensure we deliver exceptional dental care, we want to assure you that we are 100% committed to providing timely and quality service to all our patients'. We believe an equally important aspect of delivering exceptional dental care is our patients commitment to our practice as well. Therefore, we request you honor your scheduled appointment as a "reservation" as we reserve that time specifically and only for you.

Should you have to change your reservation for any reason, we request you give our practice a minimum of 48 hours' (2 business days) notice.

Missed appointments increase the cost of healthcare for everyone; therefore if a reserved appointment is missed or changed without 48 hours' notice you may be required to pay a \$25.00 reservation fee in order to reserve your next appointment. The reservation fee will then be applied to any treatment rendered, or forfeited if your reserved appointment is missed or canceled without the required 48 hours' notice. We appreciate your understanding in this matter.

Patient (or Responsible Party) Signature: _____ Date: _____