

Financial Agreement

Thank you for choosing Edward C. Herman, D.D.S. for your dental needs. The following is a statement of financial responsibility. We request that you read and sign this agreement prior to your treatment.

Dr. Herman and his staff are committed to providing you the best dental care. For the professional services rendered, you agree to pay the fee to the Doctor at the time of service.

If you have dental insurance, we will gladly bill charges to your insurance as a courtesy to you. Your policy is a contract between you and your insurance company. We are not a party to that contract. Not all items or services are a covered benefit in all contracts; and not all insurance companies pay the same benefit towards the service performed. Therefore, any portion not covered by your insurance is ultimately your responsibility. It is required that you pay this estimated amount at the time of service.

Accounts not paid in full within a reasonable time after the billing statement will be referred to a third party collection service. You agree to pay all collection fees and interest charges should the account become delinquent.

Please do not hesitate to ask us if you have any questions.

I have read the above financial agreement. I understand and agree to comply with this agreement.

(Signature of Patient or Responsible Party)

(Date)

