

**Hamilton Advanced Dentistry, LLC
129 Copper King Ct
Hamilton, MT 59840
406-363-2421**

Financial Agreement

Payment Options

Our goal is to provide the highest quality of dental care possible and to have clear communication of our financial policy.

ALL ACCOUNTS ARE DUE AND PAYABLE AT TIME OF SERVICE. If a procedure requires multiple appointments, payment is required in full at the first appointment unless prior arrangement has been made.

Payment options:

- 1. **Cash or Check** - A 5% discount is given when payment in full is made at each appointment for services rendered.
- 2. **Credit card** – Visa, MasterCard, American Express, Discover-5% discount does not apply.
- 3. **Care Credit** – 6 month or 12 month deferred interest payment plan upon approval-5% discount does not apply.
- 4. **Dental Insurance** - The PATIENT is responsible for the ESTIMATED non-covered portion, procedures and/or deductibles at the time of service. If the insurance company does not pay after 60 days, we will bill you directly for the remaining balance. -5% discount does not apply.
- 5. **Monthly Payments:** Payment plans can be discussed PRIOR to treatment, they will require 50% of your estimated portion down and the plan may not exceed 3 months. Your ESTIMATED non-covered portion for this treatment plan is \$_____ -5% discount does not apply.

A 1 ½% per month service charge will be accessed to the balance until paid in full. Accounts outstanding beyond 120 days may be subject to collections.

Signature

Date

Presented By