



## Financial Policy

Thank you for choosing our office for your dental needs. To maintain the practice operations and prevent potential misunderstandings, we ask patients to accept and adhere to the following financial arrangements regarding their dental treatment.

In order to minimize any wait time for you, we don't double-book. Dr. Puterman reserves a specific amount of time especially for you and we strongly encourage all patients to keep their appointments. As such, we request a 10% deposit to reserve surgical appointments. Full payments for all services are expected at the time services are rendered. We accept cash, checks, debit cards, and all major credit cards.

We realize that every person's financial situation is different. For this reason, we gladly accept CareCredit as an additional financing option. Upon credit approval, we offer payment options (both interest-free and with interest) to help you receive the dental care you need and deserve that allows you to enjoy a healthy, beautiful smile with respect to your budget. Dental treatment is an excellent investment in an individual's medical and psychological care. Please ask us about these payment options; we are always available to answer your questions or assist you in any way we can.

Fee estimates provided for procedures are based on what treatment is planned for that appointment. Clinical situations may dictate alternative procedures, which may alter fees.

Fee estimates are guaranteed for 6 months from the date of the consultation.

**Broken appointments:** If you must change your appointment, we require at least 24 hours notice to avoid a cancellation fee at our discretion, up to 50% of the procedure fee.

The undersigned patient understands and agrees that it is personally responsible for payment of the bill for the services rendered. If they fail to pay, in full, for the services rendered, and the matter is referred to our attorney for collection, they shall be responsible for: (1) pre-judgment interest in the amount of 1½% per month on the unpaid balance (18% per year) from the time the service(s) were rendered; (2) reasonable legal fees, which shall be defined as 30% of the unpaid balance of both principal and accumulated pre-judgment interest; and (3) any out-of-pocket expenses incurred by our attorney for collection, including postage and service fees up to \$75.00 per service attempt.

I certify that I have read and agree to the above.

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Signature of patient or guardian (relationship)

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Date