



4831 Nicollet Ave

Minneapolis MN 55419

612-822-2324

DENTAL HEALTH INVESTMENT AGREEMENT

Thank you for choosing our team of dental professionals to serve your dental needs. Our team is committed to providing you with the highest quality of care, in the safest environment. We appreciate the confidence you have placed in us. We will do everything possible to continue to warrant your confidence as we serve your dental needs.

An estimate of your treatment costs will be disclosed to you prior to scheduling any treatment to provide you an opportunity to openly discuss your treatment and payment options. Once your treatment has started, there is always a possibility there may be additional treatment necessary. If this situation occurs, you will be informed of the treatment cost.

Our fees reflect our commitment to the quality of care that our patients deserve. If you have insurance, we will be happy to assist you by submitting your insurance claims to maximize your benefits. Insurance is designed to *offset* the cost of your dental care. Insurance estimates provide a table of allowances that will assist you in determining your approximate out-of-pocket investment. Please note that insurance estimates and pre-authorizations are not a guarantee from your insurance company. We ask you to keep in mind that your insurance policy is a contract between your employer and your employer's insurance company- *and that we are not a party in that agreement.*

Regardless of insurance coverage, financial arrangements between our patients and our office will ultimately be the patient's responsibility.

I understand that my balance, over 60 days, will be subject to a .67% per month (8 % per annum) finance charge, and that insurance estimates are estimates only. I also understand that I am responsible for any balance not paid by insurance. I further understand that fee estimates are valid for 90 days from the date issued and may be altered if my needs change. In the event this account becomes past due and is referred to an outside collection agency or attorney, I will be responsible for the collection costs (up to 33% of the balance due), along with reasonable attorney fees and court costs incurred by this office whether suit is filed or not.

Responsible Party: _____ Date: _____