

FINANCIAL AGREEMENT

Dr. Sraon DDS & Associates Inc. take pride in delivering the finest dental care while keeping the costs to our patients as reasonable as possible, as such, our policy is that payment is due at the time service is rendered unless other arrangements have previously been made. For your convenience, we accept **most PPO and Indemnity Plans, Cash, Check, Visa, Discover, MasterCard, and American Express**. We also accept **CareCredit**.

Our office will help to maximize your insurance reimbursements, as well as send you a monthly statement regarding your account. Remember that insurance companies will typically respond within four to six weeks, so please call our office at **408.227.1404** if your insurance payment has not appeared on your statement in that time. The remaining balance after insurance payment is the patient's responsibility, and we thank you in advance for promptly meeting your obligations. Options for a monthly payment plan are available, but must be arranged prior to procedure.

*Please remember that patients are ultimately responsible for their fees incurred, regardless of insurance coverage.

Signature: _____

Date: _____