

**Dells Dental**  
**245 West Munroe Avenue**  
**Wisconsin Dells, WI 53965**  
**608-254-2345**

## Financial Agreement

The best thing about our style of dentistry is our commitment to quality. If you have been with our practice awhile, you are familiar with our attention to detail and realize fine materials are second nature to us. Everyone's financial situation is different and good dentistry will not count for much if it is beyond your means.

We work with most dental insurers. Our office will file insurance claims on your behalf as a courtesy only. It is your responsibility to inform our office if your insurance company changes. Please keep in mind you are responsible for your total obligation should your insurance benefits result in less coverage than anticipated. Your particular coverage is between you and your insurance company. **We do request payment of your portion (the deductible and co-payment) at each visit.**

Our office accepts cash, local checks, Discover, Visa and MasterCard. Automatic monthly billing to your credit card can be set up easily, with your approval. We also accept CareCredit and the Citi Health Card.

**For patients with no insurance**, a 5% cash discount is applied to patients who pay in full the same day of service with either cash or check. This discount does not apply to credit or debit cards. An additional 5% discount applies to our senior citizens who are 65 years of age or older and have no insurance.

Any outstanding balance after 60 days is subject to a finance charge of 18% per year. If your balance is not paid in full in the 90 day time limit, your account may be sent to our collections office.

**Our office does enforce a \$50 no show/failed appointment fee.** Please respect our office policy of providing us with at least 24 hours advance notice if you need to reschedule or cancel your appointment.

If you have any questions, please do not hesitate to ask.

Very truly yours,

Dells Dental Office Staff

I understand the terms of this agreement and agree to it in full. I understand the consequences if my account is not paid within the specified amount of time as described in this agreement.

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(Insert Signature Here)