



Castillo and Mulkey Dental, PC
Cosmetic.Family.Care.

Financial Agreement

For all services over \$1000.00, the following payment arrangements are acceptable:

- Bookkeeping courtesy of 10% will be extended when payment is made on the cost of the entire case upon this agreement.**
- Care Credit payment in full.**
- One third of the total cost of the case is due upon agreement, one third during treatment and remaining third before completion.**

We accept cash, check, Visa, MasterCard, Discover, and American Express for your convenience.

Dental Insurance

Although your dental coverage does not affect your arrangement with us, our office is happy to submit your dental claim forms. Please keep in mind that your insurance is for your benefit. Our estimates are given as carefully as possible. However your insurance carrier will ultimately decide on the amount of benefits to be released to you or to our office once they have reviewed the claim. Therefore, when making a dental care decision it is to your advantage to know applicable deductible, amount of coverage after restrictions that may apply to your particular insurance coverage. This will allow us to make a financial arrangement with you based on your estimated insurance coverage. This will enable you to obtain the maximum benefit allowed.

In the event that payments are not received within 30 days of their due date, you agree to pay all costs of collection, including but not limited to, reasonable attorney's fees.

Cost of total treatment: \$ _____ Patient's Payment: \$ _____

Estimated insurance payment: \$ _____ 1. Date: _____ Amt:\$ _____

Insurance deductible applied: \$ _____ 2. Date: _____ Amt:\$ _____

Estimated Balance: \$ _____ 3. Date: _____ Amt:\$ _____

This arrangement was made with _____

Patient Signature: _____ **Date:** _____