

**CENTRAL PARK WEST DENTAL
DAVID M. SHIPPER, DMD & HOWARD J. VOGEL, DDS**

FINANCIAL AGREEMENT

This agreement is to inform you of your financial obligation to our practice. We are committed to providing you with the most comprehensive dental care using only the highest quality materials and technology available on the market today. We are also committed to providing you with up-to-date information and educational tools so that you may fully participate in maintaining optimum oral health. This financial agreement is intended to facilitate our ability to provide excellent service to you while minimizing our administrative costs.

All charges you incur are your responsibility regardless of your insurance coverage. We must emphasize that as your dental care provider, our relationship is with you, our patient, not with your insurance company. Your insurance policy is an agreement between you, your employer, and your insurance company. Our practice is not a party to that agreement.

As a courtesy to you, we will help you process your insurance claims. To allow our practice to print your insurance claim, you must provide us with a completed dental insurance form or proof of insurance.

Our practice accepts cash, personal checks, MasterCard, Visa, American Express, and Discover. Third party financing is available upon request and approval.

A fee of \$30.00 will be assessed for any check returned by the bank. Balances more than 60 (sixty) days overdue will be subject to finance charges at the rate of 1.5% per month (18% annually).

Additionally, our office will charge you for appointments that you do not keep and for appointments that you do not cancel with at least 48 hours notice.

Please do not hesitate to ask if you have any questions regarding this financial agreement. We are committed to providing you with the most positive experience in dental care.

Print Name of Patient or Responsible Party

Signature of Patient or Responsible Party

Date