

FINANCIAL AGREEMENT

MICHAEL A. DIBBINI, D.D.S., P.C.
330 PARK HILL AVENUE
YONKERS, N.Y. 10705
TELEPHONE : (914) 963-5564

I acknowledge that payment is due at time of treatment, unless other arrangements are made. I agree that parents, guardians or personal representatives are responsible for all fees and services rendered for treatment of a minor/child, or to the patient for whom I have legal responsibility. I understand that filling a claim with my insurance company does not relieve me from my responsibility for the payment of all charges.

PAYMENT ARRANGEMENTS ARE REQUESTED AT THE TIME OF YOUR VISIT

In an effort to provide you with flexible payment arrangements, we offer you the following:

- Payment by cash
- Payment by check
- Payment by credit card
- Automatic monthly billing to your Visa or MasterCard
- Guarantee your insurance co-payments with Visa or MasterCard

It is your responsibility to know your dental benefits. If you have dental insurance, you are responsible for co-payments and treatment not covered by your insurance company. Your balance is due in full unless prior arrangements are made.

Please make your choice, sign below and return to office manager before treatment.

Our office is a fully approved and accredited user of the *Visa and MasterCard Health Care Program* which will enable you to use your Visa and MasterCard to automatically cover amounts not paid by your insurance. You may also choose a comfortable amount to be automatically billed to your Visa or MasterCard on a monthly basis.

Signature of Patient, Parent, Guardian or Personal Representative

Date

Please print name of Patient, Parent, Guardian or Personal Representative

Relationship to patient