



## FINANCIAL AGREEMENT

1. Do you require documents to file insurance? If so, please bring your insurance card with you to your appointment. If you have dental insurance, Rethink Dental Health will insert your given information into a standard document along with any treatment provided. This document will be given at the time of payment and may be submitted by you to your insurance carriers according to your agreement with them.	_____ Initial
2. Please note that payment is due at the time of service, regardless of insurance coverage.  Rethink Dental Health accepts cash, personal checks and credit cards.  We do offer payment plans with some no interest options through Care Credit.	_____ Initial
3. Appointments canceled with less than 48 hours notice will be charged a \$50 fee per hour of reserved time.	_____ Initial
We thank you for choosing Rethink Dental Health. We respect your health and time. To optimize Dr. Balescu's time with you at your initial comprehensive exam, we ask that the following Health and Dental History be returned to us 48 working hours prior to the appointment.	_____ Initial

Patient Name (please print) \_\_\_\_\_

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_