

Steven W. Haywood, D.D.S.
Financial Options Agreement

In our office, we do not want money to be an obstacle for you however dentistry can frequently be expensive. We can always find ways to make things fit into your family budget. We promise to always give you your arrangements and our commitments to you in writing.

****Insurance-** We file insurance paperwork for you and give you extra forms for your files.*

****Reserving appointments-** We reserve appointments of \$500.00 or more with the doctor and for all extensive hygiene care. We encourage you to make time available for our care and clear your schedule to allow us to provide you the exceptional service you deserve. _____ **initials.***

****2% - 5% prepayment-**Courtesy is available for those who pay in full at time of scheduling.*

****10% prepayment-** Courtesy is available for all those 70+ who pay in full at time of scheduling.*

****50% down payment-** is required for all orthodontic cases financed through this office.*

Care Credit** can be used to finance your treatment with no interest options up to one year. No other courtesies are able to be overlapped with this option. An initial down payment is customary in order to keep your monthly payments lower. _____ **initials

***Special Promotions-** We frequently have special pricing on services such as Invisalign, implants and teeth whitening. These special offers are promoted as our fee for full payment with cash or check. No other financing options are available at these exceptionally low fees.*

*We reserve the right to offer our cash price as our best fee. Financing your treatment or paying over time will alter these discounts. Broken/no show dental appointments **and** appointments canceled with less than 72-hours prior notice will incur a fee of \$120.00 or the cost of the appointment at the discretion of this office. A 2% monthly finance charge is automatically added to any unpaid balance. _____ **initials.***

I understand and accept the terms of this financial relationship with the offices of Dr. Steven Haywood DDS. I understand I am ultimately personally responsible for all fees incurred for diagnosis or treatment by Dr. Steven Haywood DDS or associates. Any fees for collection of debt including legal fees will be my responsibly.

Signature _____
Patient or legal guardian

Date _____

Office staff _____

Date _____

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2/2018