



3394 S. Houston Levee Rd.
Germantown, TN 38139

5226 Airline Rd., Ste 125
Arlington, TN 38002

1684 Poplar Ave.
Memphis, TN 38104

FINANCIAL AGREEMENT

I understand that I am responsible for any co-pays, deductibles or percentages that my insurance policy does not cover at the time of the visit. The parent who brings the child is the responsible party and will pay at checkout. We do not do second party billing.

I also understand that if I have a dental insurance plan Children's Dental Center will submit my dental claim to my carrier as a courtesy.

**I am aware that most dental insurance plans DO NOT COVER 100%.
Plans vary from company to company.**

We will give you an estimated treatment plan prior to the appointment. We do not know all of the limitations and downgrades that each plan may have. However, parents must understand: We are only estimating insurance benefits; you are responsible for payment of any amounts the insurance does not cover, for whatever the reason.

For your convenience, we do accept *Cash, Check, Visa, Master Card, Discover and Care Credit.*

Should it become necessary for Children's Dental Center to seek assistance in the collection of my outstanding bill, I will be held responsible for any collection agency fees, court cost and/or attorney fees that may be incurred as a result. The collection fee of 33.3% will be added to your bill before it is sent to collections.

Patient name: _____

Signature: _____ Date: _____