Financial Agreement
John McQuillen, D.D.S.

Thank you for choosing us as your dental health care provider. We are committed to providing exceptional dental care for patients who appreciate and are willing to partner with us to achieve success. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our Financial Agreement which we require, that you read and sign prior to any treatment.

All patients must also complete our" Patient Registration" form before seeing the doctor.

Regarding Insurance

We will accept assignment of insurance benefits. However, we do require that your estimated co-payment be paid at the time of service. Any remaining balance after your insurance company pays is your responsibility.

UCR (Usual and Customary Rates)

Our practice is committed to providing the best treatment possible for our patients and we charge what is usual and customary for our area. You are responsible for payment in full regardless of insurance company's arbitrary determination of usual and customary rates.

Adult Patients

Adult patients are responsible for payment in full at time of service.

Minor Patients

We cannot be responsible for collecting fees from multiple parents, therefore, the parent signing the consent form is responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless prior payment arrangements have been made.

Missed Appointments

We reserve the right to charge a failed appointment fee of $75.00 and to discontinue treatment of patients who fail appointments without notifying our office in advance.

Thank you for understanding our Financial Agreement. Please let us know if you have any questions or concerns.

I have read the Financial Agreement (above) and I understand and agree:

Responsible Party Signature Date

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Co-Responsible Party Signature Date

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