## Mauricio A. Malo D.D.S.

## **Financial Agreement**

We are pleased to welcome you to our practice and are glad you trust us with your oral health. However, you must realize that;

	Your dental benefits program is a contract between you, your employer, and the insurance company. We are not party to the contract.		
$\neg$	Our fees are generally, but not necessarily, covered in full by the maximum allowance determined by your carrier.		
_	Not all dental services are covere responsible for co-payment.	ed benefits in all contracts, patient will be fully	
_	Full payment is expected at the ti	t is expected at the time services are rendered.	
_	f you have no dental coverage all payments will be expected at time of service.		
_	A 1.5% finance charge will be added to any outstanding balance over 30 days and for every month after.		
_	Unpaid balances in conjunction v merely patient's responsibility.	with attorney's and collection agency's fees are	
claim has not should become	been paid in 30 days of submission e active in the collection of the ins to settle the account balance with	lays, by law, to pay on dental claims. If your n, it has been our experience that the insured surance benefits. Therefore it will become your our practice and collect insurance payment from	
Name of Subs	criber	Relationship to Patient	
Patient Signat	ure	Date	