# South Coast Dental Center

3500 S. Bristol St., Suite #101
Santa Ana, CA 92704
714-556-1717

## Patient Financial Agreement

1. **Payment:** Our office requires full payment or insurance co-payment at the time of services unless previous financial arrangements are made.

2. **Insurance:** As a courtesy to our patients, we will bill your insurance on your behalf, but ultimately it is the patient's responsibility to pay for the amount of the services rendered by our office. If the account is 60 days past due, a finance charge of 1.5% per month or 18% APR will be charged until account is paid in full.

3. We accept **Credit Cards** for payment**:** Visa, Master Card, American Express, and Discover.

4. We offer **Care Credit:** A payment plan with **0% interest for 12 months** on approved credit.

5. We accept **Personal Checks:** But in the event that the check is returned for insufficient funds, there is a $25 returned check fee.

6. **Appointments:** A minimum charge of $50 will be made for a failed or a cancelled appointment without prior notification of 24 hours. This fee covers only a portion of the overhead such as salaries, rent, etc., which still has to be paid. Once an appointment is made, **please remember the date and time has been reserved for you; kindly give us an advance notice.**

**We at South Coast Dental Center appreciate your business. Please let us know if you need any help or have additional questions to be answered. Thank you in advance for your cooperation.**

Signature _____ Date _____
(Patient or Guardian if patient is a minor)

Revised 02/20/15