

Robert L. Schmidt DMD  
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# FINANCIAL AGREEMENT

Our goal is to provide the highest quality of dental care possible and to have clear communication of our financial policy.

ALL ACCOUNTS ARE DUE AND PAYABLE AT TIME OF SERVICE. If a procedure requires multiple appointments, payment is required in full at the first appointment.

**Payment options:**

1. Cash
2. Check
3. Visa
4. MasterCard
5. Discover
6. American Express

**Patient with insurance:** The PATIENT is responsible for the ESTIMATED non-covered portion, procedures and/or deductibles at the time of the service.

**Parents not accompanying their child** to an appointment must make PRIOR arrangements for payment (cash, check or credit card authorization).

**Parents accompanying their children** are financially responsible for payment.

I, \_\_\_\_\_, agree to the financial terms.

Signature \_\_\_\_\_ Date \_\_\_\_\_