

Town and Country Denal
12850 Memorial Dr., Ste. 1105
Houston, TX 77024
(O): 713-465-6665 (F): 713-465-6477

FINANCIAL AGREEMENT

Patient Name _____ Date _____

I understand that I am responsible for my account charges regardless of whether I do or do not have dental insurance. I agree to assume full financial responsibility for all treatment rendered.

Without Insurance:

I understand that payment is due when services are rendered at each appointment unless prior arrangements have been made with the financial coordinator.

With Insurance:

I understand that there may be a deductible and/or co-payment that will be due at each appointment. I understand that if my insurance does not pay the estimated charges, then I will be responsible for the balance due. I also understand that the estimate of charges provided at the time of treatment planning may change due to factors beyond our control.

RELEASE OF ASSIGNMENT OF BENEFITS: I hereby authorize payment of the insurance benefits directly to Adrienne Y. Hwang, D.D.S., P.C.

Patient/Guardian Signature

*** AS A COURTESY WE WILL FILE YOUR DENTAL INSURANCE!**