

Magnum Opus Dental

Please read this statement prior to our agreement to perform dental treatment on you and/or agree to file your claims to your dental insurance company.

If you have any further questions, please ask our front office personnel.

I understand and agree that:

- I am responsible for understanding my insurance plan coverage and benefits
- Payment is due at the time that services are rendered
- I am responsible for any balance left after my insurance processes
- I am responsible for payment for fees on my account if my insurance carrier fails to pay within 60 days of treatment
- I will pay any balances with cash, check, Visa, Mastercard, Discover, or third-party extended payment companies including Care Credit or Alphaeon Credit
- If I need to change my appointment time, I will do so at least 24 business hours prior to my scheduled appointment to avoid a Broken Appointment Fee charge of at least \$65
- If I do not show up for my appointment, there is a Missed Appointment Fee

Patient Name

Signature of responsible party

Office Manager

Date