FINANCIAL AGREEMENT

As a patient of Winchester Oral Surgery Center I understand that:

- We charge between \$91 and \$233 for a consultation with our doctors. This is usually filed through your insurance first, and then you may receive a bill for your co-insurance. We do not provide free consultations.
- The patient is responsible for all appointment charges, regardless of insurance reimbursement. Insurance never guarantees payment and any quote given is just estimation.
- Balances remaining following insurance reimbursement are your responsibility. Feel free to contact our Billing Department if you have any questions prior to your treatment.
- It is the patient's responsibility to know how much we will be collecting on the day of the appointment.
- There is a down payment required before scheduling most treatment plans.
- There is a \$35.00 return check fee
- There is a \$100.00 no show fee/late cancellation fee.
- If a bill in not paid in 90 days, the bill is then sent to a collection agency. The patient is responsible for all costs associated with collections.

Ry signing helow	agree to and unders	tand all of the terms	s stated ahove
by signing below,	agree to and unders	tand an or the terms	s stated above.

Patient/Guarantor Signature:	Date:
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