

Solomon Family Dentistry

1971 N. Main Street
Summerville, SC 29483

FINANCIAL AGREEMENT

I understand that Solomon Family Dentistry will give me the best estimate possible for treatment in regards to my insurance plan. I understand that no estimate is 100% guaranteed and that I will be liable for any payment due that my insurance does not cover. I also understand that my estimated portion is due at the time of service and most often this will include my deductible as well. If I do not carry insurance, I understand that all payment is due at the time of service unless I have spoken with Solomon Family Dentistry's Financial Coordinator to make any arrangements prior to being treated.

I understand that if Dr. A. Frederick Solomon, Dr. Jason E. Solomon, Dr. Christopher T. Steeley and/or Dr. Brad D. Peper find it necessary to augment my treatment procedure or if I am referred to an oral surgeon, Periodontist, Endodontist, etc., I am responsible for any and all additional fees that those offices may charge. If for any reason a treatment plan is not completed, I will be responsible only for the portion of treatment completed.

I understand that if I fail to follow proper treatment and post treatment recommendations, treatment fees for possible resulting complications and fees for additional procedures that might be necessary are my responsibility.

I understand that I am responsible for all costs of dental treatment.

Patient's Name

Signature of patient or legally responsible adult

Date

Patient with insurance, please also sign below

I hereby authorize release of any information relating to insurance claims filed for treatment performed by Dr. A. Frederick Solomon, Dr. Jason E. Solomon, Dr. Christopher T. Steeley and/or Dr. Brad D. Peper and I authorize payment directly to the group of Solomon Family Dentistry.

Signature of patient or legally responsible adult

Date