



**RED BARN DENTAL**

Christopher Armento, D.M.D. | Lisa Indelicato, D.M.D.

**Financial Agreement**

**PLEASE READ CAREFULLY**

Payment is expected at the time of service unless other financial arrangements have been discussed.

I understand these terms \_\_\_\_\_ Please initial \*

We will gladly process your primary and secondary insurance claims with the following understanding:

- Dental insurance is an agreement between you and your insurance company; therefore we can only estimate your dental benefits. This estimate is not a guarantee of payment by your insurance company. You are responsible for any charges your insurance company does not pay.
- Your out of pocket portion and deductibles are due at the time of service.

I understand these terms \_\_\_\_\_ Please initial\*

Primary Insurance \_\_\_\_\_ Subscriber \_\_\_\_\_ DOB \_\_\_\_\_

ID # \_\_\_\_\_

Secondary Insurance \_\_\_\_\_ Subscriber \_\_\_\_\_ DOB \_\_\_\_\_

ID# \_\_\_\_\_

Please note: Missed appointments or appointments cancelled with less than 24 hours' notice are subject to a \$25.00 fee.

I understand these terms \_\_\_\_\_ Please initial\*