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## **Financial Agreement**

Our goal at Canyon View Dental is not allow the cost of treatment to prevent you from benefitting from the quality care you need or desire. We will be sensitive to your financial circumstances and do everything possible to help you achieve optimal oral health.

We will strive to maximize your insurance benefits by offering you an estimate of coverage and filing all claims in a timely manner. We encourage our patients to become familiar with their policies as each is different. We cannot guarantee any insurance benefits or contributions; therefore you (the patient) are ultimately responsible for all fees incurred during treatment.

For all patients, with insurance or without, payment in full is due at the time services are rendered unless prior arrangements have been made. Any balance that is left after insurance has processed is payable at that time.

### **Change in Schedule Policy:**

Our practice is dedicated to quality care and exceptional service. Our doctors and team spend an extensive amount of time preparing for your visit. Short notice broken or missed appointments create an inconvenience for our team members as well as other patients. We understand there are often circumstances beyond control and we will work to accommodate your schedule. We require 48 hours notice for schedule changes. For those clients than change their appointments with less than 48 hours notice more than 2 times in a 12 month period, a charge of \$25.00 per missed/changed appointment may apply. A non refundable deposit of \$50.00 may be required for reserving time for your future appointments.

### **Returned Payment and Collection Policy:**

I agree that as the responsible party, if the account becomes 90 days delinquent, or if a check from my financial institution is returned (\$25.00 returned check processing fee will apply), Canyon View Dental reserves the right to forward the account to an outside collection agency of Canyon View Dental's choosing. Should Canyon View Dental retain such agency or an attorney, I agree to pay all costs of collection including reasonable interest, attorney's fees (whether or not a lawsuit is filed) and reasonable collection agency fees in the amount of 50% of the balance due.

\*\*We accept the following forms of payment: Cash or check (5% discount will be given for paying in full), all credit cards, as well as outside financing options through Care Credit and Lending Club (by application). \*\*

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Responsible Party Signature

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Date