

*Robert A. Love, D.D.S.*

Family Dentistry  
Grand Professional Center  
8641 West Grand River, Suite 7  
Brighton, Michigan 48116

Telephone: (810) 227-2323

**FINANCIAL AGREEMENT**

**PATIENTS WITHOUT DENTAL INSURANCE:**

Patients who do not have dental insurance are responsible for full payment at the time of service (if the patient is a minor then the accompanying parent, guardian or adult will be responsible for payment).

**PATIENTS WITH DENTAL INSURANCE:**

We will bill your insurance company at the time of service. However, if there is a balance, it is your responsibility, whether your insurance company pays or not. All co-pays and deductibles are due at the time of service. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable by your insurance company.

**USUAL AND CUSTOMARY RATES:**

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area.

**YOU ARE RESPONSIBLE FOR PAYMENT REGARDLESS OF ANY INSURANCE COMPANY'S ARBITRARY DETERMINATION OF USUAL AND CUSTOMARY RATES.**  
Your insurance policy is a contract between you and your insurance company. We are not a party to that contract.

**MISSED APPOINTMENTS:**

Unless canceled at least 24 hours in advance, our policy is to charge for missed appointment at the rate of a normal office visit. Please help us serve you better by keeping scheduled appointments.

X \_\_\_\_\_  
Signature of Patient or Responsible Party

Date \_\_\_\_\_

X \_\_\_\_\_  
Signature of Patient or Responsible Party

Date \_\_\_\_\_