

**Newburyport Dental Associates, PC**  
**Gerald S. Hirsch, DDS - Anne-Marie Clancy, DMD**  
**Financial Agreement**

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**Insured Patients:** Please present your dental insurance card at the front desk. If your insurance has changed please notify us as soon as possible. Your deductible and estimated co-payment is due at the time of service.

**Non-Insurance Patients:** Payment for your treatment is due at the time of service. **Payments for services performed will be paid by:**  
Cash \_\_\_ Check \_\_\_ Credit/DebitCard \_\_\_ CareCredit\_\_\_

**Payment Options:** We accept cash, check, credit card (Visa, MC, Discover, Amex), debit card and Care Credit (A healthcare financing option).

**Insurance:** As a service to our patients our office will continue to submit claims to the insurance companies. Patients are responsible for all fees that insurance does not cover or denies for any reason.

**Cobra and Workman's Comp Insurance:** Same as Non-Insurance Patients.

**Missed Appointments:** There will be a \$25.00 fee added to the patients account if 24 hr. notice is not given for a cancellation.

**Divorce:** In cases of divorced parents, the parent that brings the child is responsible for payment.

**Returned Checks:** Any check returned to us by the bank will result in a \$25.00 service charge to your account.

**Collection and Legal Fees:** The patient agrees to pay legal and collection fees should their account become delinquent and have to be turned over to Stevens Business Service, Inc.

**I have read the Patient Financial Agreement and I fully understand my responsibilities as a patient.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Patient (parent/guardian if patient is a minor)