



Juno Beach Smiles
ENHANCED SMILES. ENHANCED LIVES.

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OFFICE AGREEMENT

Mutual understanding between our office and you is essential for optimum health service. It is our pleasure, following examination and initial treatment, to give you a complete written treatment plan and estimate of costs for the recommended treatment. Discussion of this treatment with the Doctor and one of our financial staff will enable you to know what treatment is planned and what your investment will be.

FINANCIAL AGREEMENT

A firm understanding of a financial agreement is essential before beginning treatment to avoid any misunderstanding and to assist you to plan accordingly. We want to be concerned with your dental needs, not your banking responsibilities. We do accept cash, check, Visa, Mastercard, American Express, Discover and most dental PPO plans. When treatment begins, at least one half of the total fee is required the day treatment starts. The remainder of the fee is due prior to or on the day the treatment ends. Any balance extended beyond 60 days will be subject to a 1.5% monthly finance charge. There will be a charge of \$30.00 for any returned check by the bank.

WALK-IN & EMERGENCY

All walk-in and emergency patients are responsible for 100% of payment at time of service.

APPOINTMENTS

We realize that time is a limited commodity for all our patients. This is why we strive to have "on time" appointments. Also, to accommodate as many patients as we can, we book our appointment schedule as full as possible. Our time, as well as the time of our patients, is extremely valuable. Therefore, we require **48 hours notice** of any change in your appointment to avoid a broken appointment charge.

INSURANCE AGREEMENT

We are pleased you have dental benefits, and our office will assist you in obtaining the maximum benefits specified in your contract. However, your benefits contract is between you, your employer, and the insurance company. We will ask you to bring us a copy of your booklet if you would like help in interpreting your benefits.

As a courtesy to you, we will file your insurance claims. We will accept assignment of benefits for preventive care if you signed the insurance payment authorization form, have met your deductible and paid any co-payment due.

Payment for all restorative treatment will be due at the time of service is rendered. Any benefit due to you will come directly to you from your benefit plan.

Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select only certain services they will cover.

You understand that you are responsible, (regardless of any benefits plan) for any charges incurred from services rendered.

I, _____ have read, understand and agree to adhere to the above office agreements.

Patient signature: _____

Date _____

www.junobeachsmiles.com