Robert J. Lee & Stephen J. Lee DDS PLLC
10810 19th Ave SE
Everett, WA 98208
425-337-4200

Financial Agreement

Thank you for choosing our office as your dental care provider. We are committed to your treatment being successful. Please understand that payment of your bill is part of your treatment.

General:
Understand that regardless of any insurance, you are responsible for your account balance. You are responsible for all professional services rendered.

Missed Appointments:
To avoid broken appointment charges, please allow a minimum of 48 (business) hours' notice.

Insurance:
Please remember your insurance policy is a contract between you, the insurance company and your employer. As a courtesy to you, we will gladly submit dental claims for you. **It is your responsibility to provide us with accurate dental insurance information.** Please be aware some or perhaps all of the services provided may or may not be covered by your insurance policy. Any balance is your responsibility.

Payment:
We offer the following financial options:

* Cash or Check 5% discount (date of service)

* VISA or Mastercard 3% discount (date of service)

* Insurance, estimated portion not covered by insurance due at time of service

* If you qualify, a 90-day payment plan is available for your convivence

A finance charge of 1.5% is applied to all balances after 90 days.

I have read, understand and agree to the terms and conditions of this Financial Policy.

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Patient Signature **Date**