BISHOP
FAMILY
DENTISTRY

DR. BRYAN BISHOP, D.D.S

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479-996-1717
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Financial Agreement

We would like to thank you for allowing us to provide your dental care needs. Our office strives to take the best care of our patients and use the most up-to-date materials and techniques possible.

The financial policy is to make patients aware that payment is expected as services are performed. The only instance in which payment is not expected is when the patient has set up financial arrangements prior to their appointment.

I understand that Bishop Family Dentistry will file a claim to my insurance carrier (if applicable) as a courtesy, but I am ultimately responsible for the charges. All insurance benefits and patient portions quoted are estimations only. In the event that my insurance carrier does not pay or does not pay in a timely manner I agree to pay the balance of my account in a manner acceptable to the terms of Bishop Family Dentistry.

I realize that all services rendered are my financial responsibility, although Bishop Family Dentistry has agreed to attempt to collect from my insurance carrier, (if coverage is effective on the dates of service and if correct information is given). I agree to make payment based on the payment methods listed below. If I am unable to make a particular payment, I will contact Stephanie Shook at (479) 996-1717 to discuss my account.

If children come to an appointment without a parent or guardian, payment is still expected, unless the parent or guardian has set up prior financial arrangements.

We offer the following payment options:

- Cash
- Check
- Visa, MasterCard, Discover or CareCredit

Be advised there will be a $25.00 charge for broken appointments or appointments canceled less than 24 hours prior.

In the event your account becomes past due and must be placed for collection you will be responsible for collection fees and other expenses.

Thank you once again for choosing our office for your dental care needs. If you have any questions regarding our financial policy, please feel free to contact our office. Please sign below to acknowledge that you have read and understand our policy.

Signature_____ Date_____