

This Financial Agreement
Between
Bridge Street Dental Centre
and

Date: _____

I, _____ have accepted the treatment plan presented to me by Bridge Street
Dental Centre: _____ with the following modifications:

The total cost of the treatment will be \$ _____

I understand that payment is required when treatment is rendered. In some instances there may be a two-step treatment, requiring two or more payments. **Also, when long or special appointments are required, a deposit may be required.** If the procedure is covered by insurance, the deposit will be refunded when insurance payment is received or applied to the final payment.

I understand that Bridge Street Dental Centre does not accept assignment for Implant or Orthodontic treatment.

I will make payment for this treatment by (check one) cash __, Interac. __ credit card __ personal cheque __* monthly installments __*. If my selected treatment plan exceeds \$3000.00, and I elect to pay the amount, in cash or by Interac., in full, when scheduling the treatment, I understand that I will receive a discount of 5%.

I will make payment of \$ _____ on: _____

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If I am making payment by credit card, I agree to have my credit card number kept on file and agree that payments may be charged to that credit card on or after the due dates, but not before. I agree to update the credit card information as necessary.

Visa/ MC # _____ Exp __/__/__ CCID # _____

I understand that failure to meet my financial obligations as set out in this document may result in the delay of my selected treatment. If my treatment is delayed, the treatment plan may need to be modified and extra costs may be incurred.

Signed at Campbellford, Ontario on _____ DD/MM/YY

Patient/Guardian

for Bridge Street Dental Centre

* Personal cheques and installments on approved credit only. Cheques and credit card payments not honoured by your financial institution will be subject to a \$20.00 NSF fee. We reserve the right to charge interest at 2% per month (24% per annum) on outstanding accounts.