

**Coast Periodontics & Laser Surgery**

**Lynn C. Sayre-Carstairs, DMD**

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Financial Agreement

You are asked to make payment for services on the day they are provided, unless other arrangements have been made in advance.

We will pre-determine your insurance coverage prior to treatment, unless otherwise discussed. But, your insurance coverage is a contract between you and the company. We are happy to work closely with you in attempting to obtain full benefits from that coverage. However, **you are ultimately responsible for your balance.**

Those patients unable to meet their complete financial obligation may make special arrangements with the financial consultant, **in advance of treatment.**

1. 50% of surgery fee on the day of the procedure and the balance in 30 days –or
2. 50% of surgery fee on the day of the procedure and the balance paid in 2 installments within 90 days. A 1.5% monthly interest charge will be levied on all accounts over 90 days.

Your time is important and so is ours. We make every effort to confirm patient appointments, but give appointment cards so you will have a record of your day and time. It is YOUR responsibility to keep this information.

We also make every effort to be on time and expect that you will too. If you are more than 10 minutes late, it may be impossible for us to thoroughly complete the task and you may need to be rescheduled. A fee may apply for this visit since another patient cannot be accommodated in this time slot.

Our office policy is to provide you with the best periodontal care with a minimum of paperwork at a reasonable cost. We thank you for your cooperation in the area of keeping our costs down by adhering to your financial agreement.

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PATIENT/LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE