

# ***Sturner Dentistry***

***6404 Carmel Road # 306 Charlotte, NC 28226  
704-542-9126***

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## Financial Agreement Form

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We believe in the importance of quality dental care, and we strive to provide the best dental treatment possible. Also, we understand the financial limitations that influence your choice of care. We want to assure you of our flexible approach to financing.

We work with most insurance companies and always try to maximize your coverage through meticulous detailing of procedures and interaction with your insurer. We even fill out your claim forms and we're available to answer any questions we can.

Please remember, however, that you are responsible for the portion of your treatment not covered by insurance. Because we, too, must balance our finances, we do ask that you pay your portion of the bill at the time of treatment. If you qualify, we'll work with you to devise a method of payment that works for both of us. We accept most major credit cards and Care Credit.

We hope that you find this information useful. Rest assured that we are here to help make quality dental care obtainable for all. We look forward to working with you to achieve excellent dental health.

Signature of Responsible Party: \_\_\_\_\_

Date: \_\_\_\_\_