

# Dental Payment Plan Agreement

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This **Dental Payment Plan Agreement** ("**Agreement**") is entered into on \_\_\_\_\_ ("**Effective Date**") by and between the following parties:

**Practice**

**Patient**

The Practice and the Patient may be referred to individually as a "**Party**" and collectively as the "**Parties.**"

## 1. Purpose

This Agreement establishes the terms under which the Practice agrees to provide dental services to the Patient and permits the Patient to pay for such services in installments over a defined period.

## 2. Treatment and Fees

The Patient agrees to receive dental services as recommended by the Practice. The estimated cost of treatment is outlined below:

Description of Services	Estimated Cost
<b>Total Cost</b>	

The Patient acknowledges that the total cost is an estimate and may vary depending on actual treatment needs.

### 3. Payment Plan Terms

The Practice agrees to allow the Patient to pay the total cost under the following terms:

Payment Detail	Description
Initial Payment	
Remaining Balance	
Number of Installments	
Installment Amount	
Payment Frequency	
First Installment Due Date	

Payments shall be made via \_\_\_\_\_.

### 4. Interest and Fees

Interest shall \_\_\_\_\_ applied to the outstanding balance at a rate of \_\_\_\_\_ % per annum.

Late payments may incur a fee of \_\_\_\_\_ if not received within \_\_\_\_\_ days of the due date.

### 5. Patient Obligations

The Patient agrees to:

- Make all payments in accordance with this Agreement
- Inform the Practice of any changes to contact or financial information
- Attend scheduled appointments or provide reasonable notice of cancellation

Failure to comply may result in suspension of treatment or other actions as described in this Agreement.

### 6. Default

A default occurs if the Patient fails to make a payment within \_\_\_\_\_ days of its due date.

In the event of default:

- The entire outstanding balance may become immediately due and payable
- The Practice may suspend further treatment unless the balance is brought current
- The Practice reserves the right to pursue lawful collection methods

## 7. Insurance

If the Patient has dental insurance:

- The Patient remains responsible for all charges not covered by insurance
- Estimated insurance contributions do not guarantee payment by the insurer
- Any unpaid insurance amounts will be billed to the Patient

## 8. Treatment Discontinuation

The Practice reserves the right to discontinue treatment if:

- The Patient fails to comply with the payment terms
- Continued treatment is deemed inappropriate or unsafe
- The Patient remains responsible for all services rendered up to the date of discontinuation.

## 9. Amendments

This Agreement may only be amended by written agreement signed by both Parties.

## 10. Governing Law

This Agreement shall be governed by and interpreted in accordance with the laws of \_\_\_\_\_.

## 11. Entire Agreement

This document constitutes the entire understanding between the Parties regarding the payment plan and supersedes any prior discussions or agreements on this matter.

## 12. Acknowledgment

By signing this Agreement, the Patient acknowledges understanding of the payment obligations and agrees to comply with the terms stated herein.

**Practice**

**Name**

**Date**

**Signature**

**Patient**

**Name**

**Date**

**Signature**

\_\_\_\_\_

\_\_\_\_\_



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