

DENTAL PAYMENT PLAN AGREEMENT

Location: _____ Date: _____

Patient Information:

Full Name: _____

Date of Birth: _____

Address: _____

Phone/Email: _____

Dental Provider Information:

Provider Name: _____

Office Address: _____

Phone: _____

Payment Plan Details:

Total Treatment Cost: _____ USD

Down Payment: _____ USD

Balance to Finance: _____ USD

Number of Monthly Payments: _____

Monthly Payment Amount: _____ USD

Finance Charge / Interest Rate: _____

1. Agreement to Pay

The Patient agrees to pay the Total Treatment Cost as outlined above according to the Payment Plan Details. The Dental Provider agrees to provide dental services and treatment as described in the treatment plan attached hereto.

2. Down Payment

The Patient shall pay the Down Payment amount upon execution of this Agreement. This payment will be credited against the Total Treatment Cost.

3. Payment Schedule

The remaining balance shall be paid in monthly installments as detailed in the Number of Monthly Payments and Monthly Payment Amount sections. Payments are due on or before the same day of each month beginning the month following the Date of this Agreement.

4. Late Payment and Default

If any payment is not received within 10 days of its due date, a late fee of \$25.00 shall be added to the amount due. Continued failure to make payments shall constitute default under this Agreement and may result in collection actions, including reporting to credit bureaus.

5. Prepayment

The Patient may prepay any amounts owed under this Agreement in whole or in part at any time without penalty.

6. Termination of Services

The Dental Provider reserves the right to suspend or terminate dental services if the Patient defaults under this Agreement. Suspension or termination of services does not relieve the Patient of their obligation to pay all amounts due.

7. Consent to Treatment

The Patient consents to all dental treatments and procedures outlined in the treatment plan and acknowledges having received adequate information about the treatment.

8. Refunds and Adjustments

Should treatment costs be less than anticipated or treatment is not completed, adjustments to the payment plan may be made accordingly. Refunds, if any, will be issued according to applicable laws and provider policies.

9. Governing Law

This Agreement shall be governed by and construed in accordance with the laws of the State of _____. The parties agree that any disputes arising under this Agreement shall be resolved in the state or federal courts located in _____ County, _____.

10. Entire Agreement

This Agreement constitutes the entire understanding between the parties regarding the dental payment plan and supersedes all prior discussions, negotiations, or agreements.

11. Amendments

Any amendments or modifications to this Agreement must be in writing and signed by both parties to be effective.

12. Assignment

The Patient may not assign or transfer their obligations under this Agreement without the prior written consent of the Dental Provider.

13. Collection Costs

Should the Dental Provider employ an attorney or collection agency to enforce payment, the Patient agrees to pay reasonable attorney's fees, court costs, and collection expenses.

14. Confidentiality

The parties agree to maintain the confidentiality of the Patient's personal and health information in accordance with applicable laws and regulations.

15. Severability

If any provision of this Agreement is found unenforceable or invalid, the remaining provisions shall remain in full force and effect.

16. Notices

All notices required or permitted under this Agreement shall be in writing and delivered personally, by certified mail, or by electronic means with confirmation of receipt.

17. No Waiver

Failure by either party to enforce any provision of this Agreement shall not constitute a waiver of that provision or the right to enforce it later.

18. Representations and Warranties

Both parties represent and warrant that they have full authority to enter into this Agreement and that the Agreement is binding and enforceable.

19. Effective Date

This Agreement shall become effective upon execution by both parties.

20. Signatures

This Agreement may be executed in counterparts, each of which shall be deemed an original, and all of which constitute one agreement.

PATIENT'S SIGNATURE

DENTAL PROVIDER'S SIGNATURE

Signature: _____

Signature: _____

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