



VALER DENTAL | BRACES
120 Eubank Blvd SE, Albuquerque NM 87123 (505) 600-2000

Financial Agreement

Last Name: _____

First Name: _____

Birthdate: _____

The STATE OF NEW MEXICO requires GRT TAX on all dental services. This TAX is NOT INCLUDED in your TREATMENT PLAN estimate but will be charged out as treatment is completed.

Treatment plans may change, and I will be responsible for the work actually done.

For my convenience, this office may release my information to my insurance company, and receive payment directly from them. If you have dental insurance, please be aware that we can only ever ESTIMATE what they will pay. Every effort will be made to help me with my insurance, but if they do not pay as expected, I will still be responsible for all charges on my account.

I understand that if I begin major treatment that involves lab work, I will be responsible for the fee at that time.

If sent to collections, I agree to pay all related fees and court costs.

Print Name: _____

Date: _____

Signature: _____

Date: _____