



EXPERTISE DENTAL

Formal Payment Agreement

Patient Name: Jennifer Cronin

Date: April 20, 2025

Thank you for choosing to move forward with your treatment with AMANDA SEAY, DDS, FAACD, FAGD, ASDAF. We appreciate the opportunity to serve you and would like to honor the pricing agreement we have presented to you at your previous visit.

Total investment: \$30,248.00

No restoration will be ordered until full payment is made.

Agreed Terms & Circumstances:

- Records
- 4 Upper Chairside Veneers (#4, 5, 12, 13)
- 1 Upper Implant Crown and Abutment (#7)
- 3 Upper Porcelain Veneers (#8, 9, 10)
- Occlusal Guard

RESERVED APPOINTMENT TIMES: We strive to see our patients on time and have made this a priority to respect your busy schedule. Due to the amount of preparation necessary for your appointments we will need **7 days' notice** if you need to reschedule this appointment. We will assess a fee of **3% of the cost of your full treatment plan** for last-minute cancellations and missed appointments that will be deducted from your deposit. Please understand this fee is not meant to penalize you, it is simply to recover the smallest percentage for the time reserved specifically for you that cannot be recovered with inadequate notice.

PLEASE NOTE: Once a reservation is adjusted, the next available time slot will be awarded to the patient. This can be anywhere between a few weeks or a few months depending on the schedule of your doctor and your corresponding lab.

Patient (or Responsible Party)

Date

Care Coordinator