



FINANCIAL POLICY AND AGREEMENT

Thank you for allowing us to be your dental care provider. We are committed to providing the highest quality of dental care to all of our patients. The prompt payment of your treatment fees allows us to continue providing the highest quality of care. In pursuit of these goals, we have established the following financial policies.

ESTIMATES - We will give you a cost estimate before treatment is rendered. We do our best to insure that the cost estimate is complete and accurate; however there are circumstances where it becomes impossible to know exactly what treatment needs to be performed. Sometimes the dental condition requires less treatment, in which case your treatment fees will be less than estimated. Other times, the dental condition requires more treatment than initially anticipated, in which case your treatment fees will be more than estimated. If more treatment is required than initially estimated, you will be informed of the treatment required and fees before the additional treatment is performed.

PAYMENT DUE - Full payment of the estimated fees are due at the time of service for the specific treatment that day. If your insurance covers only a percentage of the treatment, you must pay the estimated amount that is not covered on the day of service. Reimbursements will be allocated if need be after your claim is processed. If you are a cash patient you must pay for the treatment in full. Patients that undergo treatment that require lab fabrication (e.g. crowns, veneers, dentures, etc.) must pay at least 50% of the total cost at the first appointment (prepping) and the rest at the delivery appointment. Payment of the balance must be made upon completion of the dental treatment. Any balance over 30 days will be subject to a finance charge of 5% per month.

PAYMENT PLANS - Payment plans are available. If the patient requests a payment plan they have to pay 50% of the total cost of the entire treatment plan. The remaining will be subdivided into the number of months allowed for repayment. Any delinquent payments will incur an interest rate of 15% for each week past due.

BROKEN APPOINTMENTS - We reserve the right to charge a \$50.00 broken appointment fee for appointments broken without a 48-hour notice.

AFTER HOUR EMERGENCY CARE - We provide after-hours emergency care for an additional fee.

INSURANCE - If we do not participate in your dental insurance plan, you still may receive benefits payable by your insurance company. We regularly monitor the usual and customary fees for our area and insure that our fees are within range. The insurance company's "usual and customary fees" are NOT based upon the current fees being charged in a particular area. If we are a participating provider for your dental insurance, we will file your claim for you. We will estimate your insurance benefit and you will be required to pay the estimated balance at the time of treatment. Since the insurance benefit is an estimate only, you will be required to pay any amount still due after your insurance company pays on the claim. If you have a credit on your account after the insurance payment, this amount will be refunded to you or remain as a credit on your account for future treatment, as you choose. The **OFFICE INSURANCE POLICY AND ASSIGNMENT OF BENEFITS** is made part of this **Financial Policy & Agreement**.

COLLECTIONS OF PAST DUE ACCOUNTS - Accounts that are not paid according to this document may be turned over to an independent collection agency. In the event that your account is turned over to collections, you will be responsible for all fees incurred in the collection of your account.

I have read, understand, and agree to abide by this Financial Policy and Agreement.

Patient Signature _____ **Date** _____