

**FINANCIAL AGREEMENT**

**A Message To Our Patients About Our Payment Policy**

We are committed to providing you with the best possible care. If you have dental insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance, and your understanding of our payment policy.

**Payment for services is due at the time services are rendered unless payment arrangements have been approved in advance by the Business Manager.** We accept cash, check, MasterCard, Visa, Discover and American Express.

We will be happy to help you process your insurance claim form, however, any such request must be accompanied by complete insurance information, a copy of your insurance card and a phone number for the insurance company. **We will accept assignment of insurance benefits, but we request your co-payment at the time of service.** Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract.

As a service to you we will predetermine your dental benefits for you on large treatment plans. Generally, we receive this information within 4 - 5 weeks after we submit it. If, for whatever reason, your predetermination is not received in our office prior to your appointment, we require that you pay 50% of the services rendered at the time of the appointment. Any adjustments will be made when payment is received from your insurance carrier. Please keep in mind, a predetermination is only an estimate, not a guarantee of payment.

**IF YOU HAVE MORE THAN ONE INSURANCE CARRIER, PLEASE NOTIFY THE BUSINESS MANAGER.**

**We must emphasize that as dental care providers, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the service is rendered.**

We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account. Returned checks will be subject to a service charge of \$45. Balances not paid MONTHLY will be charged a reprocessing fee. If any collection agency or attorney involvement is necessary to pursue collections, any expenses incurred will be added to the patient's amount owed. **Charges will also be incurred for broken appointments and appointments cancelled without 24 hour advance notice.**

The following guidelines have been established for payment of financial obligations for services rendered in our office. Please read carefully and select the payment option most suitable for your situation. Your signature is required to assure that there is no misunderstanding regarding your financial obligation.

- \_\_\_\_\_ Cash / Check                      Payment in full at time of service receives 5% discount
- \_\_\_\_\_ Credit Card                      (Visa, MasterCard, Discover, American Express) no discount
- \_\_\_\_\_ Insurance - Patient co-payment is due at the time of service.  
(NO FEE REDUCTION APPLIES) Since all insurance is an estimate, any portion not paid by insurance is your responsibility. If insurance does not pay within 90 days, payment is expected by patient or contact must be made with the Business Manager.
- \_\_\_\_\_ I am eligible for your 10% Senior Citizen Discount when paying in full at time of services with check or cash 5% when paying in full at time of services with credit card.

**I have read the above agreement and selected a payment option.  
I understand my financial obligation with this office.  
I also understand only ONE discount applies per visit.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**