

Dental Services Financial Agreement and Release

Our goal is to help you establish excellent oral health. We are committed to helping you determine the most appropriate treatment for your dental needs and desires. Should you have questions concerning your treatment, treatment sequence, or fees for services, please ask for clarification before treatment is begun.

Our financial policy is as follows:

- We accept **cash, personal checks**, and most major credit cards including **MasterCard, Visa, American Express, and Discover**.
- We also offer low monthly payments through **Care Credit**. Please ask one our team members for information.
- Payment is due at the time of service.
- Insurance -- insurance is a contract between the patient and/or employer and the insurance company. It is not a contract between our office and your insurance company. We will be happy to assist you by filing your insurance claim and answering the details that the insurance company may require. We cannot be responsible for payment by the insurance company. **The responsibility for payment belongs to the patient. We are out of network providers.**
- We will provide estimated balances between the cost of service and co-payment of your insurance. Predetermination of benefits may be advisable if there is a question concerning coverage.
- We will accept assignment of benefits subject to verification of insurance coverage.
- First office visits that are **Emergency visits** -- full payment will be expected regardless of insurance.
- Extended treatment plans will be outlined so that appropriate payments may be made as each phase of treatment is begun.

We reserve the right to accept or deny certain insurance plans at our discretion. If we accept your insurance plan, a minimum of 30 percent payment for cleanings and 50 percent payment for restorative work is due at the time of service. If your insurance company has not paid the full balance within 45 days, you will have 15 days to pay the balance. A monthly finance charge of 1 1/2 percent will be added to any unpaid balances after 60 days from date of service.

Should your insurance plan be denied, full payment is expected at the time of service unless prior arrangements have been made through our office manager. A monthly finance charge of 1 1/2 percent will be added to any unpaid balances after 60 days from date of service.

Please remember that you are responsible for timely payment of your account. Should it become necessary to refer your account to an agency or attorney for collection, you will also be responsible for all costs associated with the collection including attorney's fees and court costs.

I understand the above policy and agree to the terms herein.

Individual/Parent/Guardian/Responsible Party

Date

Release:

I authorize the dentist to perform diagnostic procedures and treatment as may be necessary for proper dental care.

I authorize release of any information concerning my (or my child's) health care, advice and treatment provided for the purpose of evaluating and administering claims for insurance benefits.

I authorize release of any information concerning my (or my child's) health care, advice or treatment to another dentist.

I understand that if my account should become delinquent, I will be responsible for legal fees and court costs associated with collection in addition to the outstanding balance of the account.

I hereby authorize payment of insurance benefits directly to the dental group, otherwise payable to me.

Individual/Parent/Guardian/Responsible Party

Date