

## FINANCIAL AGREEMENT

Patients with dental insurance will be responsible for all estimated co-insurance and deductibles on the day of treatment. As a courtesy, we will be glad to file your insurance claims but please be aware that all estimates are based on the information provided by you and/or your insurance company and are not a guarantee of payment. You may pay with cash, check, Care Credit, and MasterCard, Visa, or Discover (debit or charge cards) -with no additional fee. If you have a secondary insurance that we are not contracted with, you will be responsible for filing a claim with that carrier. In that case, we will be glad to provide you with the necessary information needed. Please be advised that we have no power or leverage with your insurance carrier. The employee or contract purchaser should direct all questions & complaints about benefits, payments, and coverage to the insurance company or employee HR department. You remain responsible for any and all portions not covered by your insurance plan.

Payment is due and payable at time of service for non-insured patients. If the treatment plan/fees exceed \$500.00-we may offer additional finance options through our financial coordinator. A 10% courtesy savings is available for treatment plans that exceed \$1,000-when payment is made in full-prior to treatment. We offer interestfree financing for those who need extended payment arrangements (upon credit approval) with Care Credit. You may apply for Care Credit on-line or by phone-from the comfort of your own home.

Pre-determination will only be filed with your insurance upon request. Please understand, even when a pre-determination and/or a pre-estimate of benefits is provided by your insurance carrier, it is never considered a guarantee of payment and it is possible that you will have an additional portion due or that there are no benefits payable. I understand that I, the patient/responsible party -will be financially responsible for the total charges of services rendered on my behalf. We will not bill a third party, such as a former spouse or employer, unless arrangements have been made in advance-by such person (in person) at our office location. Accounts that fall past due are charged interest-at the rate of 21% per year. A fee of \$65.00 will be charged for all returned checks. In the event that your account is turned over for collection, you will be responsible for all costs-including court costs, collection agency fees, and attorney fees that are charged to us. I understand that I may be charged a \$50.00 rescheduling fee — without a minimum 24 hour notice of change or cancellation.

**The undersigned certifies that he/she has read and understands the above financial guidelines and policies and fully accepts the terms – as specified.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_