



Financial Agreement

Our primary goal is not to allow the cost of treatment to prevent you from being able to receive the care that your child needs.

Insurance

We charge what is usual and customary for our area. We will assist you with your benefit eligibility before treatment to help you calculate your costs and maximize your insurance. We will be sensitive to your financial circumstances and do everything possible to help you achieve oral health for your child.

Ultimately, however, you are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates. We are happy to submit the claims necessary to see that you receive the full benefits of your coverage; however, we cannot guarantee any estimated coverage. Because the insurance policy is an agreement between you and the insurance company, we ask that all patients be directly responsible for all charges. Please know that we will do everything possible to see that you receive the full benefits of your policy by electronically filing your claim the day of your appointment. If there are any complications, we will assist you with any information you may need. Please remember that your insurance policy is a contract between you and your insurance provider. We will, as a courtesy, bill your insurance to help you receive the maximum benefit under your policy. It is your responsibility to provide all necessary insurance identifications, understand your eligibility and notify us immediately of any changes. It's also your responsibility to ensure that our office is a participant with your insurance plan. Although we are providers of multiple PPO network plans, we do accept most insurances.

- All Co-Pays and Deductibles will be due at the time of service
- Pre-estimates can be submitted on your behalf, please understand they are simply an **ESTIMATION** of patient cost

Payment Options and Fees

We make payments convenient as possible by accepting Cash, Check, Master Card, Visa, American Express. or Care Credit Payments can be made via phone during regular office hours.

- All services without insurance submission are due in full the day of treatment
- Internal Financing is available up to three months – **a Credit Card must be placed on file**
- A \$35 fee will be applied to all returned checks
- Balances over 90 days will be turned over to an external collection company

Account must be paid in full 2 weeks prior to each 6-month cleaning and exam appointment

Agreement

I understand and fully agree that I am responsible for my account balance. I agree that if turned over to a collection source, I will be responsible for fees above and beyond my account which may include attorney and court fees. I understand that if my account becomes overdue or uncollected, it can result in cancelled appointment and dismissal from the practice. Lastly, if insurance is involved, I take full responsibility for any following up on any disputes I may have with their payment schedule.

Do you have dental insurance that we may file on your behalf and accept assignment of payment? Yes No

Patient Name(s)

Guardian Signature

Date