

# FINANCIAL AGREEMENT

Please acknowledge your understanding of each statement below by marking an X on the line provided.

## APPOINTMENTS:

- We consider all appointments confirmed at the time made.
- As a courtesy to you, we offer appointment reminders via phone call, e-mail and/or text message.
- We do ask for a **two business day** notice to change or reschedule your appointment. Since we are not in the office on Friday we do not consider Friday a business day. You must contact the office via telephone. **We do not accept cancellations through text or e-mail.**
- Our office hours are Monday through Friday from 8:00am - 5:00pm.
- We reserve the right to assess a broken appointment fee of \$35 for each hour reserved in our schedule, if appropriate notice was not given.

## FINANCIAL STATEMENT:

- Payment is expected at the time of service.
- We accept cash, check and the follow credit cards: Discover, MasterCard and Visa.
- We do not offer in-office financing. As a courtesy to our patients who require financial assistance, we can provide you with information for Care Credit and Springstone Patient Financial.
- A statement of financial responsibility is required for all minor children of divorced parents.
- Our practice is unable to carry balance greater than 90 days. We will notify patients that have delinquent accounts to help avoid referral to our attorney for collection.
- Our bank will try to re-deposit returned checks up to two times assessing a \$29 Non-Sufficient Fund (NSF) charge to your checking account. If this occurs we will only accept payment by cash or credit card for future treatment.

## INSURANCE ASSIGNMENT AND MANAGEMENT:

- We ask for current and accurate insurance information **prior** to each appointment or payment in full will be expected.
- Please understand that insurance benefits are a contract between the subscriber (patient) and the insurance company.
- We are not responsible for knowing your insurance benefits, but we will try to help estimate your co-payments.
- We do expect all deductibles, co-payments and expenses your insurance plan will not pay to be paid by you at the time of service.
- All treatment recommended by the doctor will be in the best interest of your dental health, not based upon insurance benefit plan limitations. Please understand that insurance coverage is based on the quality of the plan your employer has selected. Please review your insurance benefit booklet for limitations and restrictions.
- The guarantor/patient is responsible for all fees above the usual and customary fee schedule set by your insurance carrier.
- As a courtesy to our patients, we will submit up to two insurance claims to your carrier. We will also provide your insurance company with the necessary clinical information to help maximize your insurance benefits. Claim appeals are the responsibility of the subscriber.

I have thoroughly read and understand the above financial agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_