

## Financial Agreement

We appreciate you allowing us to provide dental care for you and your family. We wish to attract families to our practice that take an active role in their oral health. Because we value our relationship with you and believe the best relationships are based on understanding, we offer these clarifications on methods of payment and insurance reimbursement.

- If you have dental insurance to help with your payments, please bring your insurance card to all appointments and NOTIFY us of any changes.
- As a courtesy to you, we will file insurance benefits for you. Many insurance companies will pay our office directly. However, some insurance companies may only reimburse you and not our office. If your insurance company will not reimburse our office, you will be responsible for the full cost of the visit at the time the services are provided. Your insurance company will then issue you a reimbursement check directly.
- Any amount determined not to be covered by your insurance company is payable at the time services are rendered. These fees may include:
  - Deductibles
  - Co-Payments
  - Fees not covered by your insurance company

We will allow a maximum of 45 days for your insurance company to clear account balances. Any unpaid portions will be due in full by you after this period.

Methods of payment: Cash, Credit Cards, Debit Cards, Money Orders, Personal Checks (Returned Check Fee is \$35.00)

Financing Programs: We do not have any in-house financing. We do offer a long and short term financing program available through a third party. Please inquire about this program.

Prior to completing any treatment, we will provide you with a cost estimate indicating our total fee, what we ESTIMATE insurance coverage to be, and your estimated financial obligation due on the day of service. ***This figure is only an ESTIMATE.*** Additional billing or refunds may be required. Any differences will be brought to your attention as soon as possible. If the balance is not paid within 30 days of billing cycle, a late charge of 1.50% will be assessed each month.

Financial Obligation: After attempts to collect outstanding funds and a 120 day grace period from time of service, patients or parents/guardians not fulfilling their obligations will be sent to collections.

***We look forward to working with you to maintain your oral health!***

