

Dental Services Financial Agreement

Tooth Doc Family Dentistry's 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 has begun.

Our financial policy is as follows:

- We accept cash, personal checks, and most major credit cards including Visa, MasterCard, Discover, and American Express.
- Convenient monthly payment plans from CareCredit (subject to credit approval).
- Payment is due at 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 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 has begun.

We reserve the right to accept or deny certain insurance plans at our discretion. If we accept your insurance plan, full co-payment 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 late fee of \$50.00 (Fifty Dollars) 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 late fee of \$50.00 (Fifty Dollars) will be added to any unpaid balances after 60 days from date of service.**

A fee of \$50.00 (Fifty Dollars) is charged for patients who miss or cancel appointments without 24-hour notice.

Tooth Doc Family Dentistry charges \$25.00 (Twenty Five Dollars) for returned checks.

If this account is turned over to collections, I agree to pay all associated costs.

Please remember that you are responsible for timely payment of your account.

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

FAMILY DENTISTRY

Individual/Parent/Guardian/Responsible Party

Date