

FINANCIAL ARRANGEMENTS

Payment for services is due at the time service is provided: If treatment requires multiple appointments such as crowns or dentures, payment is expected at the initial appointment for that procedure. Cash and personal checks are accepted. A \$25.00 fee will be added to any account with a returned check. If an extended payment plan is desired, please ask us about the Care Credit program. MasterCard and VISA credit card payment are also welcome. If you have any questions, please feel free to ask. Any accounts over 30 days due will be turned over to a debt collector unless payment arrangements have been previously discussed.

No show fee policy: We reserve the right to charge a \$50 fee for any missed appointment or cancellation without a 24-hour advance notice. This fee is NOT covered by insurance and will be billed to the patient.

If you have dental insurance: As a courtesy, we will file your claims for you. We may accept direct payment from most insurance companies. We will estimate your deductible and the portion not covered by your insurance, which is due at the time of treatment. Our estimates may be different from your insurance company's calculations; therefore, the amount due our office may be adjusted accordingly. You may find that our fees may be different from the insurance company's schedule of "allowable" or "UCR" fees. If you have questions about "UCR" fees, please feel free to ask. All services rendered are charged directly to the patient, and the patient is ultimately responsible for the account regardless of insurance coverage. Any insurance claims denied or remaining unpaid after 60 days will automatically become the responsibility of the patient.

I understand and agree that all services rendered me, my dependents, or others assigned by me to my account are charged directly to me. I further understand I am personally responsible for payment. If I suspend or terminate care and treatment, any fees for services rendered will be immediately due and payable. Should the fees for the professional services not be paid in accordance with the provisions herein, reasonable attorney's fees, plus applicable finance charges and disbursements, allowances and costs provided by law shall be included in the computation of the amount due. Finance charges can be applied to all past due amounts at the rate of 1.5% per month (18% annual rate). If the account is in default and turned over for collection, a \$25.00 collection fee will be added.

By signing below, I acknowledge that I have received this notice and understand this policy.

Patient Name (print)

Signature of Patient / Parent & Date