

## Sweet Home Dental Care Financial Policy and Agreement

Thank you for choosing us for your dental needs. We are committed to providing you with excellent care. Our convenient financial arrangements are based on an open and honest discussion of recommended treatment options, respective fees and patients' financial capabilities. The following is a statement of our Financial Policy, which we require you to read and sign prior to any treatment. All patient must complete our Information and Insurance form before seeing the doctor.

### Payment

Payment in full is due at the time of service unless prior financial arrangements are made with the doctor and the billing receptionist. If dentures, partial dentures, crown and bridge are to be fabricated by a dental laboratory, a 50% deposit will be required at the time of the first impression. The remaining balance is due at the time the prosthesis is delivered or cemented.

We offer several payment options:

Cash, Checks, Visa, Master Card, Discover, American Express and Care Credit.

Pre-payment discounts

Pre-payment discount of 5% (non-insurance only)

Pre-payment SENIOR discounts of 10% for those patients 65 years of age and older (non-insurance only)

Monthly payment plans in accordance with the office credit guidelines

### Insurance

Our office is committed to helping patients maximize their benefits. Because insurance policies vary greatly, we can estimate your coverage in good faith, but cannot guarantee it. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. As a service to our patients, we will be happy to manage all claim submission and follow up on your behalf.

Our practice is committed to providing the best treatment for our patients and we charge what is the usual and customary for our area. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and customary under the terms of your insurance policy. You are responsible for payment regardless of any insurance companies' arbitrary determination of usual and customary rates.

Your complete insurance information must be presented at the time services are provided. Insurance claims cannot be backdated. Most benefits will be verified before your insurance company can be billed.

All insurance co-pays and deductibles must be paid at the time of service.

### Minors

Payment for services for the treatment of minors can be made by check, cash or credit card and is the responsibility of the adult accompanying that minor.

### Missed Appointments

Once an appointment has been made, that time is reserved specifically for you. We reserve the right to charge a fee for all canceled or missed appointments without 48-hours notice. *Missed appointment fee is \$50. Missed Saturday appointment fee is \$75.*

*If less than 48 business hours notification is given for a cancellation of a surgical procedure, the responsible party is obligated to pay for one-half of the surgical fee.*

### Service Charges

The policy of this office is to charge 1.83% interest monthly (22% annual percentage rate) or a billing charge to all accounts over 90 days past due. There will also be a \$40.00 fee for returned checks. This fee covers the processing fees that are charged to our office.

### Financial Consent

The patient (account holder) agrees to be fully responsible for total payment of treatment performed in this office.

### I understand and agree to this Financial Policy and Agreement

\_\_\_\_\_  
Signature of patient/responsible party

\_\_\_\_\_  
Date