

FINANCIAL OPTIONS

- **CASH OR CHECK**

Receive a **5% bookkeeping courtesy** by **paying in full at the time of service**. For treatment requiring more than one appointment, the entire treatment plan must be paid in advance or at the first visit in order to receive this 5% courtesy.

- **CREDIT/DEBIT**

Receive a **2% bookkeeping courtesy** by **paying in full at the time of service**. For treatment requiring more than one appointment, the entire treatment plan must be paid in advance or at the first visit in order to receive this 2% courtesy.

- **DENTAL INSURANCE BENEFITS**

Receive **one of the above bookkeeping courtesies** when you **pay in full at the time of service and allow your insurance company to process the claim and send the insurance benefit check directly to you, the patient**. To help you maximize your benefits and ease the burden of paperwork, we will still fill out and submit your insurance claim form for you. Once your insurance carrier has processed the claim, you will be reimbursed directly by them for any benefits for which you are eligible. ****NOTE:** *If you elect to pay only your estimated patient portion for your visit and ask us to accept assignment of the possible benefits from your carrier for the remainder, you **MUST** have a signed and valid credit or debit card authorization form on file with us (complete the back of this form).*

- **IN-OFFICE DISCOUNT/SAVINGS PLAN** ~typically for patients not covered by dental insurance

We are happy to introduce and offer a **unique and wonderful program to assist our patients without insurance or who have an extensive treatment plan in place that is beyond the scope of their insurance coverage or limits – our Private Dental Discount/Savings Plan has been created just for you**. For one low annual premium amount, you, your spouse and your dependents are eligible to receive a limited number of diagnostic, preventative and/or periodontal hygiene services (2 cleanings, 2 exams and x-rays) each year **FREE OF CHARGE** and you will be privy to additional savings and special pricing for all other treatments provided by our office. There are no claim forms to deal with; no pre-existing conditions, exclusions or limitations; no waiting periods; and no embarrassing questions in order to qualify. Ask one of our team members about enrolling in our Discount/Savings Plan today!

- **MONTHLY PAYMENTS**

If you prefer to pay a little each month toward your dental care, we've made special arrangements with several, reputable third-party healthcare finance companies. This will allow you to complete your treatment with us and still be able to budget for affordable, monthly payments over time- many times with interest-free options and terms. One of our team members will be happy to discuss this payment option and current financing specials with you. *Please note: a small administrative fee may be added to all treatment plans that are financed (see terms and conditions of financing application).*

- **TREATMENT DEPOSITS**

A \$50 up to 10% deposit is required for all treatment over \$1,000 and/or to allow you to reserve one of our exclusive appointment times. This deposit becomes non-refundable with less than 48 hours notice of cancellation or no show (broken appointment), but may be transferred *one time* in the event of a last minute notification of a change in your schedule.

I understand my financial options and agree to one of the above arrangements. I understand any financial arrangement made to pay for my treatment outside of one of these options listed here will be discussed and decided on a case-by-case basis with management approval only and with a credit card auth. form on file (on back).

FINANCE CHARGE(S): If I do not pay the entire new balance of my account within 25 days of the billing date, a monthly finance charge may be assessed to my account for each current monthly billing period. The finance charge is currently set at a periodic rate of 1.5% per month, which is an APR of 18% applied to the last month's balance.

CREDIT CARD AUTHORIZATION ON FILE: I understand and agree that my credit card may be charged for any patient portion or account balance that is \$50.00 or less and my responsibility after insurance benefit, and/or for any past due balance that remains unpaid by either me or my insurance carrier after 60 days.

In the case of default of payment, I promise to pay all accrued finance charges, interest, administrative fees on the balance due, together with any collection costs and attorney's fees incurred in order to collect on this account.

SIGNATURE: _____

DATE: _____

INFORMATION ABOUT RESERVING APPOINTMENTS

SCHEDULING APPOINTMENTS:

We offer early morning, late evening and weekend appointments. Please be aware that all appointments and times are exclusively reserved to best accommodate our various patients' needs or dental emergency situations. **You may be asked to provide a valid credit or debit card on file or a \$50 up to 10% of treatment deposit, in order to reserve your specific appointment time or treatment time slot** depending on our schedule and the nature or extent of your treatment.

CANCELLATION OF AN APPOINTMENT:

If it becomes necessary for you to cancel or change your reserved time, please be courteous and give us **no less than 48 hours notice**. This not only allows us to offer your reserved time to another patient who may benefit from the time slot or **who** must have urgent access to care but also **ensures that you receive your deposit back or that your credit card is not charged**.

EMERGENCY PATIENTS:

We make every attempt possible to accommodate emergency patients into our schedule at the time they call us either in pain, have a dental trauma or a cosmetic embarrassment. Please be mindful of this fact. Just as with any other healthcare office, unforeseen and unplanned circumstances may arise.

There are times when emergencies may cause us to run behind, be delayed or take longer than expected. We promise to try to call you whenever possible in advance of you leaving your home or office to give you a heads up. You may be given the option of waiting, running an errand and returning to our office at a later time or rescheduling your appointment to a different day all together based on what is most convenient to you and your personal schedule.

MISSED APPOINTMENT:

A "missed appointment" is when someone doesn't show to their reserved appointment without providing us advance notice. Missed appointments inconvenience other dental patients and can negatively impact our business overall. All missed appointments will be recorded in your chart and a letter may be sent to you alerting to the fact that you have failed to show up for a reservation in our office. **A missed appointment charge may be assessed either by a charge on your credit card up to \$50 or you may forfeit a portion or all of your deposit paid.**

Subsequent missed appointments may require you to schedule all future appointments on a same day only basis.

Signature

Date