



Financial Agreement

Please read entire form carefully, then sign and date the bottom.

The following defines the financial policies of this practice.

Payment is due at the time services are rendered

The front desk staff will estimate the amount you owe for procedures the doctor or hygienist has completed or those procedures which are in progress. Remember, this is only an estimate. The actual out-of-pocket expense may be less than or greater than the amount estimated and collected. You may be reimbursed or apply the excess to another date of service if we have collected too much.

Some insurance plans require the patient to pay only a percentage or co-payment directly to our office. Some plans require the patient to pay the entire amount due for that visit. Some plans will reimburse the covered amount only to the patient. As a service to our patients, we will work with your plan and submit the forms necessary to receive reimbursement.

We offer a 5% Cash or Check Discount to all self-pay patients. We extend this courtesy for all treatment that is paid in full at the time of service. This is not applicable to insurance related services.

We also offer a 5% Senior Citizens Discount. This discount is for patients who have celebrated their 65th birthday. This discount can be used in conjunction with the above 5% cash or check discount if paid in full at the time of service (not valid with insurance co-payments).

******We gladly accept Cash, Check, Visa, Discover, MasterCard, and Care Credit.**

Patients have an option of utilizing the Care Credit Dental Payment Plan. By arrangement with CareCredit, we offer our patients an interest-free term loan (12 months deferred interest, as well as 2-5 year plans at varying interest rates). The application can be completed in office or by visiting mycarecredit.com. Completing the application takes about 10 minutes (good credit standing required).

Insurance Coverage

We accept many different insurance plans. All plans have a unique schedule of covered services depending on what plan you or your employer has purchased. There is no guarantee that services will be covered. You, or the person responsible for this account, will be responsible for payment of non-covered procedures. There may be additional charges to cover the costs of parts or lab fees, depending on the treatment provided and type of insurance coverage. If you wish, we can send a pre-determination to your insurance carrier. The advantage of this is knowing approximately what your out-of-pocket expenses will be for labor charges, but a disadvantage is that treatment is delayed. This delay in treatment may result in health risks, the need for additional dental or medical procedures and associated fees that may not be covered by insurance, or any third party.

Major Work

Patients receiving major work (crowns, bridges, dentures) or bleaching kits must have their portions, including lab fees and parts fees, completely paid off before the work can be delivered or cemented.

(Turn Over to Complete)

Finance Charges

Payment is expected at time of services rendered. Any outstanding balance which is overdue by more than 60 days will have an additional service fee of \$20 added to the balance, unless previous written financial arrangements are being satisfied. In case of default, patients or responsible parties are responsible for any and all collection and/or reasonable attorney fees.

Returned Checks

A \$35.00 charge will be added to your account for all returned checks. Your bank, by law, must inform you of a non-sufficient funds check. We expect you to contact us to make arrangement for settling the full amount of the check plus \$35.00, within five (5) days.

Cancellation Policy/Missed Appointments

Our goal is to provide quality individualized dental care in a timely manner. We attempt to schedule as efficiently as possible to reduce waiting time. No-shows, late arrivals, and cancellations inconvenience those individuals who need access to dental care. However, we understand that sometimes a change in your situation renders a cancellation unavoidable. In these instances please be courteous and call our office promptly. If it is necessary to cancel your scheduled appointment, we require two (2) business days advance notice to avoid a cancellation fee. If you are more than 10 minutes late, we may need to reschedule your appointment.

Please call us at 919-336-5245 by 3:00p.m two (2) days prior to your scheduled appointment to notify us of any changes or cancellations. To cancel a Monday appointment, please call our office by 3:00p.m. Thursday. If you do not reach a member of our staff, you may leave a detailed message on our voice mail.

The cancellation fee is:

\$50.00 for a 30 minute appointment

\$60.00 for an hour appointment

\$10.00 for each additional 10 minute increment

Appointments are in high demand, and your early cancellation will allow another patient access to timely care. Please let us know if you must cancel your scheduled appointment as soon as possible so we have an opportunity to schedule someone who is waiting for an appointment. Thank you.

___ I have read the above conditions of treatment and payment. I understand and agree to their content.

Signature of guarantor of payment/responsible party:

Signature: _____ **Date:** _____

Relationship to Patient: _____