

PATIENT FINANCIAL CONSENT & INFORMATION SHEET

The purpose of this information is to avoid any uncomfortable situations that may arise from the financial end of the practice. We believe by making our office policies known to our patients openly, that questions can be resolved freely and easily. The other reason for presenting this information is that by making our policies clear upfront, we are able to treat everyone with the same courtesy and respect in dealing with financial issues. We believe that to be a very positive thing.

Our financial policy is simple. After seeing the hygienist or doctor, any treatment that needs to be completed will be printed out with the fee for each individual procedure along with the total for the treatment plan. If you have insurance benefits, the *estimate* of those benefits will also be listed and deducted from the total. This fee will be due on the day that the treatment is rendered.

We will be glad to break the treatment plan up into smaller appointments if it is necessary to ease the financial burden. For higher priced treatments (like crowns, bridges, dentures, etc.) we would *prefer your entire portion up front offering a 5% discount*, however due to our costs involved with our laboratory fees we will *require* that you pay *at least half* of your portion before we begin treatment. The other half will be expected before delivery. The other option we offer is financing through *Care Credit*. *If you qualify*, they have a 3 or 6 month payment plan with no interest. Their other option is an extended payment plan for \$1000 or more for 24-60months with a 13.90% interest. If interested please ask for information.

Lastly, we wish to remind you that **your insurance** is a contract between you and your insurance company, NOT between your insurance company and our office. We will be very happy to file your primary insurance as part of our service to you, but problems that arise in getting payment from that company will need to be resolved by you, the insured. **ALSO, it is your responsibility to verify any waiting periods or late entrant penalties your policy may have.** If your account begins to run over 60 days past due because of insurance, that portion of the account then becomes your responsibility. If insurance pays us after the 60 days we will gladly refund you the difference.

In the section below, please fill in the blanks and sign at the bottom.

I HAVE READ AND UNDERSTAND THE ABOVE POLICY AND AGREE TO PAY ANY CHARGES THAT I HAVE INCURRED AND WHAT INSURANCE DOES NOT COVER.

PRINT NAME: _____

SIGN NAME: _____ DATE: _____