



Financial Agreement

Welcome to our Dental Practice. Our goal is to provide the best dental care possible for you and your family in a relaxed and pleasant environment. To prevent any misunderstanding, we would like to inform you of our financial policies prior to your treatment.

To help us provide the best service possible, payment on the day of your treatment is required. If you have insurance benefits, we will gladly submit the claim on your behalf. If coverage is denied for any reason, you will be responsible for payment of the entire balance. Deductibles and the amount not covered by your insurance will be due at time of service.

PREMIER DENTAL CARE DOES NOT PARTICIPATE WITH ANY MEDICARE AFFILIATED DENTAL PLANS.

I DO NOT HAVE AN HMO DENTAL PLAN or MEDICAID. IF I BECOME ELIGIBLE WITH THESE PLANS IN THE FUTURE, I WILL NOTIFY PREMIER DENTAL CARE BEFORE ANY SERVICES ARE RENDERED. I UNDERSTAND THAT PREMIER DENTAL CARE DOES NOT PARTICIPATE WITH THESE PLANS. IF I CHOOSE TO OBTAIN ANY TREATMENT, I WILL BE FINANCIALLY RESPONSIBLE AND WILL PAY FOR ALL SERVICES AT THE TIME OF MY TREATMENT IN FULL.

We do our best to let you know what your approximate portion will be for treatment, but it is always an ESTIMATE, not a guaranteed amount.

If you have any questions regarding your insurance coverage, we will be happy to assist you. For your convenience, we accept cash, personal checks, Visa, MasterCard, Discover, American Express, and CareCredit.

If you need other financial arrangements, please ask to visit with our patient coordinator prior to scheduling treatment.

If your account becomes delinquent, it may be forwarded to an outside collection agency. If this happens, you will be responsible for all costs of collection, including but not limited to interest, rebilling fees, court costs, attorney fees and collection agency costs. Insurance benefits are a matter between you and your insurance company. You are ultimately responsible for payment on your account. Returned checks are subject to a \$45.00 service charge.

In order to help keep our fees as reasonable as possible, we ask our patient's cooperation in keeping their reserved appointment as scheduled. Missed appointments not only delay necessary treatment but also keep other patients in need of dental care from receiving treatment.

We request that our patients give us the courtesy of 48 hours notice prior to changing an appointment. If our office does not receive adequate notice, we may find it necessary to charge for the broken appointment. We thank you in advance for working with us in scheduling appointments that you will be able to keep.

We appreciate the opportunity to serve you and thank you for choosing us to take care of your dental needs.

Patient/Responsible Party Signature

Date