



### **FINANCIAL & APPOINTMENT POLICY**

Thank you for choosing us to provide your dental care. We consider it an honor to have been chosen by you to do so. Our philosophy in serving people is to be informative, honest and forthright. Nowhere is that more important than in the area of finances. This Financial Agreement is indicative of our respect for your right to know ahead of time what our expectations are in the area of finances. If you have any questions or concerns about our Financial Agreement please do not hesitate to ask our business office staff. **I realize I am financially responsible for all charges incurred regardless of insurance coverage.**

#### **DENTAL INSURANCE**

Patients are expected to pay for our services at the time they are rendered.

**Your insurance is a contract between you and your Insurance Company; therefore, all charges are your responsibility.** As a courtesy to you we will complete your insurance form and submit it to the insurance company. Your estimated co-payment (the amount not covered by your insurance) for treatment is due at the time treatment is provided. If you fail to bring the required insurance information to your appointments we will ask that you pay the bill in full and be reimbursed from your insurance company with paperwork provided by our office. Our office does not guarantee that your insurance company will pay for the treatment you receive from our practice. If your claim is denied or the treatment is down-coded and or alternative benefits given, you will be responsible for paying the full balance amount left on the account at that time. \_\_\_\_\_.

(please initial)

***I assign to Trinity Dental – Dr. Tyrone Smith all Insurance benefits, if any otherwise payable to me for services rendered. I authorize and release information and payment of my dental benefits directly to the practice. Signature: \_\_\_\_\_***

We will mail medical insurance for you if all information is submitted to us in a timely manner and only 2 Dental Insurance Companies per patient.

Our office will not enter into a dispute with your insurance company over any claim. Trinity Dental will provide the necessary documentation to your insurance company requests, to settle the claim.

If your insurance company has not made payment within 60 days of billing, the balance will become your responsibility. Insurance coverage is a contractual agreement between the insurance company and you or your employer. We have no control over this relationship.

#### **OPTIONAL PAYMENT POLICY**

Payments may be made using cash, check, Visa, MasterCard, Discover and American Express.

Term Loans: Upon Application and approval we offer Care Credit and Citi Health Card, which are financing options that are available only for healthcare expenses. Terms of repayment differ depending on term selected.

Payment in CASH – Trinity Dental offers a 10% accounting courtesy for all services that are paid in full **ON THE DAY SERVICES ARE PROVIDED OR STARTED** for all patients not having insurance.

**MINOR PATIENTS**

The parent or guardian accompanying the minor is responsible for full payment. In the case of divorced or separated parents, the parent accompanying the child is responsible for payment, without any exception. This office will not attempt to collect payment from a parent that is not present in the office at that visit.

**OVERDUE BALANCE**

An account with an unpaid balance past 90 days will be sent to the collection agency. At that time you will be responsible for any and all costs incurred in the collection of your debt; an interest rate of 21% on the unpaid balance from the last date of service, attorney fees, court fees and any other fees associated with the collection of your debt.

**APPOINTMENTS**

Patients must arrive at least 10-15 minutes early for each appointment to update their health history, Insurance, Address, Etc. If you do not arrive for your appointment ON TIME you may need to reschedule as we try to maintain an efficient appointment system. We require at least a 24 hour notice for any cancelled appointments. After 2 missed appointments or cancelled appointment you will be either dismissed from the practice or only be appointed on a call in basis. PLEASE be considerate and inform us in advance if you need to change your appointment by phoning 260-582-2607.

**Please indicate your understanding and acceptance of these Financial and Appointment policies by signing below. I have read and fully understand my financial options and obligations. Additionally, by signing this form I authorize Trinity Dental to process credit card transactions initiated by me either by mail or phone and I authorize my credit institution to pay.**

Form Completed by: \_\_\_\_\_

Signature of Patient and/or Legal Guardian

Date

In case of a child – relationship to child: \_\_\_\_\_

Relationship

Date

Are you the person legally responsible for this child? YES NO (Please circle one)

\_\_\_\_\_

Witness

Date