



ACKNOWLEDGEMENT OF OFFICE POLICIES AND PATIENT RESPONSIBILITIES

Patients with dental insurance: As a courtesy to you, our office will gladly submit to your insurance. We are able to bill to all traditional PPO and indemnity insurance plans. We do not accept secondary dental insurance plans, but we will provide an ADA dental claim form for the patient to request any additional reimbursement.

Authorization to release info and assignment of benefits: I certify that I _____ (Print Name), have dental coverage and assign all insurance benefits directly to Trenton Implants and Dental Surgery, if any, otherwise payable to me for services rendered. I hereby authorize the doctor and/or his/her staff to release all necessary personal information to my insurance company in order to secure the payment of benefits.

Payments: We accept cash, check, VISA, MasterCard, and Discover. Payment of your "estimated" portion is due at the time services are rendered, such as your annual deductible and/or percentage of the treatment not covered by insurance. As a courtesy, we will gladly contact your insurance in order to provide an "estimate" of your patient portion. However, despite this, we cannot guarantee the payment of insurance benefits nor can we provide 100% accuracy of this estimated amount, since many factors are involved that determine the actual payment of benefits once submitted and processed by your insurance.

Financing: We accept CareCredit patient financing (subject to credit approval). We offer 0% interest financing with convenient monthly payment plans, no annual fees or pre-payment penalties. No interest options are below:

- 0% Interest for 6 Months - \$200 to \$2499
- 0% Interest for 12 Months - \$2500 and up

Unpaid insurance claims: All dental services rendered, whether or not covered by insurance, are ultimately the financial responsibility of the account holder. We will give your insurance company 60 days to remit payment. If there is still no payment after this time, in order to keep your account current, you will be financially responsible for 100% of the outstanding insurance claim/balance. A statement will be sent to you, and payment in full will be due on the due date printed on the statement. It is the responsibility of the account holder to follow up with their own insurance company regarding the non-payment of a claim in an attempt to get the claim paid. Should our office eventually receive a payment from your insurance after it has been paid by you, a refund will be issued.

Past-due accounts: If payment is not received by the due date printed on the statement, then your account is considered "past due". We reserve the right to charge a \$5.00 per month or 1.5% (whichever is greater) late charge on all past due accounts. If the balance is still unpaid after 90 days, the account will be turned over for further collection action.

Understanding of financial gain: I understand that Trenton Implants and Dental Surgery is a sister company of Rasmussen Family Dental and Rasmussen Family Dental North and that Dr. Rasmussen and Dr. Parsons may have financial gain from referring you for treatment.

Broken/missed appointments: A fee of \$50 is charged for patients who miss 2 or more times without 48-hour notice in a 2-year period.

By signing below, I verify that I completely understand, agree, and accept the policies outlined above. I further acknowledge that I am responsible for all dental services rendered to me and my dependents (if applicable).

Patient Legal Name (Print): _____

Responsible Party Signature: _____ Date: _____