

# FINANCIAL CONTRACT

## Payment Policy:

On treatment involving laboratory fees (crowns, veneers, bridges, dentures, partials, etc.) 50% of the bill is due on the first visit. The remainder of the balance is due on the delivery visit. Payment plans for all other work can be arranged with a 50% DOWN PAYMENT. Payment plans do not exceed twelve (12) months and are at a monthly interest rate of 30% when paid on time. Any payment plan not paid on scheduled due date will result in an increased interest rate of 45% for the duration of the payment agreement. Payment plans not met will result in court action and patient will be responsible for all associated fees. There are NO exceptions.

## Account Balance:

All patient balances over 30 days will automatically be subjected to a financial charge of 30% annually. If full payment is not received within 90 days, your account will be taken to Small Claims Court and be subjected to a non-reversible collection fee of \$75.00. You will be responsible for all court and mailing costs, in addition to your pre-existing balance and incurring finance charges.

## Returned Check Fee Charge:

There will be a \$30.00 returned check fee for any check returned from the bank.

## Divorce/Separation:

The person signing the financial agreement is responsible for all dental bills.

## Missed Appointment Fee:

24 hour cancellation is required to avoid a broken appointment charge of \$50.00 per family member.

If you have insurance, your deductible and any out-of-pocket payments are due when treatment is rendered. We accept cash, checks and most major credit cards. Insurance is a contract between you and your insurance company. We will bill your insurance company as a courtesy to you, but are not responsible for the outcome. Although we may estimate what your insurance may pay, it is the insurance company that makes the final determination of your eligibility. You are responsible for any charges not covered by insurance and any co-payments required by an insurance company. After 60 days, all insurance balances become the patient's responsibility and are subject to the same financial charges.

**If we cannot verify your insurance benefits, the entire bill is YOUR financial responsibility.**

**"The wand anesthesia" is a separate fee per injection and is usually not covered by dental insurance.** "The Wand" anesthesia is computerized, warmed and administered very slowly, resulting in a virtually painless injection. Because of this, it is the safest anesthesia for children and patients with heart problems.

Patient or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Responsible Party (if not patient) \_\_\_\_\_