PHOENICIAN DENTAL CENTER

FINANCIAL AGREEMENT

Dear Patient,

It is our goal to make sure our patients understand not only their dental treatment and care, but also how paying for our services works. By signing this, you are stating you understand your financial obligations and rights.

If you have dental insurance, we will help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and understanding of our payment policy. Our hope is that any misunderstandings can be avoided. Our professional services are rendered to the patient and not to the insurance company. The insurance company is responsible to the patient and the patient is responsible to the doctor for payment of services. Due to constantly changing insurance contracts, benefits and deductibles and misinformed insurance company representatives, we are only able to approximate your insurance coverage. As a courtesy to you, we will file your insurance claim at no additional charge. If the insurance company pays less than expected, you will be charged the difference. If we haven't received payment from your insurance carrier after 120 days, we reserve the right to charge the balance back to you.

Final responsibility for payment rests with the person responsible for your account. (Patients who accompany minor children are responsible for the charges incurred.) If you have concerns about the insurance reimbursement, it is your responsibility to contact your insurance carrier to resolve the problem. Payment for co-payments or other charges are due at the time of service.

Acceptable forms of payment are cash, personal check, American Express, Discover, MasterCard and Visa. For you convenience, our office has made arrangements with the dental credit card, Care Credit. We are proud to be able to offer lower monthly payments with an interest free period to our valued patients who qualify for credit. If interested, please ask for details.

If for any reason you request a records or x-ray transfer, an administrative fee may be charged at our discretion.

A fee of $39 will be assessed on returned checks.

If credit is extended for any reason, I authorize your office to obtain my credit report. I understand that treatment fees quoted are honored for up to a three month time period and may change after that. If you have any questions about the above information or any uncertainty regarding insurance coverage, please don't hesitate to ask. We are here to help you! ~Implants & Periodontal Arts

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Patient Name, Signature & Date