Patient Financial Agreement

Palm Dental, PLLC requires all patients to make financial arrangements with us before we provide treatment.

1. I understand that full payment is due at the time of service for myself or any of my dependents.
2. I understand that it is solely my responsibility to confirm which treatment or procedures are covered by my insurance (including, but not limited to, any applicable exclusions, deductibles, and annual or lifetime maximums.)
3. I understand that as a courtesy, Palm Dental will attempt to verify my insurance coverage from what I have provided and will file claims on my behalf. I am required to pay in full, before treatment is preformed, the estimated portion of any procedures or treatment that will not be covered by my insurance.
4. I understand that insurance claims will only be filed if I provide Palm Dental with my social security number (if applicable). If I choose not to provide Palm Dental with my social security number, I understand that I must pay in full for all services rendered.
5. I understand that the insurance estimate may be different from what my insurance carrier ultimately pays and that I am responsible for any amounts not paid by my insurance for any reasons.
6. I understand that I discontinue treatment for a requested procedure, including but not limited to, partials, dentures, crowns, bridgework and surgical pre-op work. I remain responsible for paying all lab related costs for materials and services that were incurred before I discontinued treatment. All related costs will be deducted from any refund to which I may be entitled for discontinued treatment.
7. I understand that all account balances over 30 days will incur an interest charge at the maximum legal rate allowed.
8. I understand that I will be charged the maximum services charge allowed by law for any dishonored check, electronic authorization or any debit sent or provided to Palm Dental for payment.
9. I understand that I might timely inform Palm Dental, in writing, of any concerns, questions or disputes I may have concerning my treatment or charges.
10. I understand that if I fail to pay my account in a timely manner, Palm Dental may report my account to the credit bureau or to a collection agency and/or take legal action against me for full payment, including but not limited to all related reasonable attorney’s fees, collection and/or court costs.
11. I understand that Palm Dental currently may charge $25.00 per hour for any broken or cancelled appointment, and this fee is subject to change without notice.
12. I understand that is my responsibility to immediately notify Palm Dental of any changes to my address, phone number, work contact number, insurance changes, etc.
13. I authorize payment of the dental benefits otherwise payable to me directly to the below named dental entity. I further authorize Palm Dental to deposit checks received on my account when made payable in my name.

**I have thoroughly read, understand and agree to the above terms and condition.**

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**Signature of Patients or Guardian Date**