

Financial Policy - Associate Implant & Family Dentistry

Please read over the following office policies, initial where indicated, then sign and date at the bottom. If you have any questions, please ask one of our staff.

Collection Cost and Reasonable Attorney's Fees: As of July 28th 2019, any account more than 60 days past due will be subject to finance charges at a rate of 9.0% per annum (0.75% a month). If my account becomes past due, I/we agree to pay all attorney fees, court costs, filing fees and process service fees which may be assessed by any collection agency or law firm retained to pursue the matter and for the venue and jurisdiction to be in Whatcom County.

Initial

Authorization to Pay Benefits to Dentist: I hereby authorize payment directly to the Dentist(s) and office of Associate Implant & Family Dentistry

Initial

No Show Appointments: If no reasonable effort is made to contact the office at minimum 24 hours in advance to cancel an appointment, a \$100.00 charge will be levied against the patient responsible.

Initial

Treatment Estimates: We do our best to estimate your payment portion based on the information you/we have on your particular plan and the recommendations from the Dentist(s). Your treatments needs may differ and the amount due may change. *Payment of your patient portion is due at the time of scheduling.* If you work with insurance and we are unable to verify your eligibility and benefit level at the appointment, we ask that you pay the entire amount of the treatment at the time of the visit.

Initial

Insurance Claims: As a courtesy service, we will file your insurance claim form and any necessary supporting documents that may be needed to ensure the speedy processing of your claim. We encourage our patients to follow up on their claims if there are any problems; since insurance companies respond better to the subscriber, who pays the premiums, than the dental office, who is a third party.

Initial

Insurance Payments: Insurance portion estimate are based on the information we have been given on your plan. If the actual insurance payment differs from the estimate, you are responsible for the difference. Even if a predetermination of benefits has been received, the final amount paid by your insurance company may change. This amount is due to our office once the final insurance payment has been received. If the discrepancy is in your favor, we will refund the difference or you may choose to carry a credit balance to be used towards any future appointment.

Initial

Payment Options:

1. **Cash** – Includes money orders and personal checks
2. **Any Major Credit Cards** – We accept credit card payments for treatment to the extent your credit limit.
3. **Care Credit/Lending Club** – Offers a separate line of credit.
 - A credit line can be established and approval usually takes less than 10 minutes
 - Care Credit and Lending Club have interest free options
 - There is no annual cost or membership fee
 - Monthly payments as low as 3% of the outstanding balance

We would be happy to work with you to plan the most appropriate arrangements for your budget. Financing your treatment will allow you to begin your treatment immediately and spreads the cost over a period of time.

Signature:

Date: