

## FINANCIAL ARRANGEMENTS FOR OUR PATIENTS

Our office wants all of our patients to be able to comfortably afford dental care. We proudly offer the following financial policy so that our patients can have the opportunity to decide which payment option best suits your needs. All appointments with costs >\$500 require a minimum \$50 down payment, which can be rolled into one of the below payment options.

**Insurance:** Our office understands the value of insurance benefits to our patients and we will gladly work with you to help get the maximum benefit available to you. **All fees of \$200.00 or less must be paid at the time of the appointment.** We will accept assignment of benefits. This means that you must sign the portion of your insurance from that “assigns” payment to our office. Most dental insurance plans **do not cover 100%** of the cost of your treatment. Most patients do not understand that **your PPO insurance company sets the price**; we have no control over the price your insurance company establishes. Because of this and the extreme delay in receiving payment from the insurance company, you will be asked to pay your deductible and your portion of your charges the day the service is rendered. We will **estimate** as closely as possible your coverage, but until we actually receive the payment from the insurance company, it is just an estimate. We will **assist** you in dealing with your insurance company by filing the claims, but the ultimate responsibility lies with you. After 45 days the balance will be due in full from you. Our estimates are subject to final approval by your insurance company and could therefore change the amount due to our office. Patient initials (\_\_\_\_\_)

### PAYMENT OPTIONS

1. **5% Discount for Pre-payment of Treatment in Full by cash or check.** The 5% pre-treatment discount is for paying the entire amount of the projected treatment in full before the day of treatment. For you, that is a savings of \$\_\_\_\_\_.
2. **We accept VISA, MasterCard, Discover and American Express.** Many of our patients prefer this option because they earn rewards points.
3. **12 Month Interest Free Financing** (credit check required): Upon qualifying you will be extended for a line of credit with 6 to 12 months interest free financing by an outside financing company (Care Credit). There is a short credit application that we will help you fill out. We submit this over the Internet and you can find out in just a few minutes if you are approved. If approved, your estimated interest free monthly payment for (circle one) 6 or 12 months is \$\_\_\_\_\_.
4. **60 Month Payment Option** (credit check required, interest applied): Upon qualifying you will be extended for a line of credit with 36-60 month payment plans by an outside financing company (Care Credit). There is a short credit application that we will help you fill out. We submit this over the Internet and you can find out in just a few minutes if you are approved. If approved, your estimated monthly payment for (circle one) 36 or 48 or 60 months is \$\_\_\_\_\_.
5. **No Credit Check, Guaranteed Approval, Monthly Payment Plan** (only for patient balances >\$200): A 1/3 down payment on your patient balance is required (estimated to \$\_\_\_\_\_) with the balance paid over \_\_\_\_\_ months. Once per month your debit/credit card will be charged the allotted monthly amount (estimated to be \$\_\_\_\_\_ per month). You will be asked to sign a monthly authorization agreement which will also assess a 15% fee for the use of this payment program and a \$35.00 application fee.

We would be happy to work with you to plan out the most appropriate arrangements for your budget. Financing your treatment allows you to start your dental care immediately and spread the payments over a period of time. Most importantly, it offers you the opportunity to enjoy the benefits of your dental health without the financial strain.

We want to thank you for trusting us as your health care provider. We appreciate your trust in us and we appreciate the opportunity to serve you. Part of our service to you is to try to contain the ever-rising cost of health care. In an effort to do this, we have implemented a policy of no open billing. Our choices were between implementing this financial policy or

raising our prices. In order to hold the line in costs and prices to you, we decided to instead to implement this financial policy which will share the responsibility equally among all patients.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_