

**Consent for Services**

Our office financial policy is a **FEE FOR SERVICE** practice. This means that the full cost for the dental visit/service is due at the time of service and the patient will be required to pay for their bill in full on the day of service. We accept payment via cash, check, VISA or Master Card. We also offer Care Credit, a third party no interest/extended payment plan.

**All emergency dental services**, or any dental services performed without previous financial arrangements, must be paid for in cash or credit card at the time services are rendered. Out of town residents will pay cash only.

Payment is due at time of service. For patients with insurance, we will generate the insurance claims. However, any insurance payments will be sent directly to the insurance subscriber (patient/parent). If you experience any difficulty with receiving an insurance refund for a service and we can help by providing any additional dental related information, we will be happy to help you. We will assist you in understanding your dental insurance. This dental office cannot render services on the assumption that our charges will be paid by an insurance company. If this policy causes you a severe financial hardship, we will work with you to provide a treatment plan that will allow you to have the dental work done over a period of time in line with your ability to pay for the services. We will be happy to generate the paperwork required for secondary insurance, second party, & third party insurance. We will only consider the information from your primary insurance company when calculating your ESTIMATED co-payments.

If after 30 days **from the date of service** there remains any unpaid charges (including outstanding insurance payments), a service charge will be added to the account for the current monthly billing period. The service charge will be a periodic rate of 1.5% per month (or a minimum charge of \$3.00 for a balance under \$200.00), which is an annual percentage of 18%, applied to the last month's balance. If there are any unpaid charges after 60 days, collection procedures will begin.

In the case of default of payment, you will incur legal interest on the balance due, together with any collection costs and reasonable attorney fees or employee costs incurred to effect collection of this account or future outstanding accounts. **There will be a Returned Check fee of \$100 plus any bank charges.**

Please note that the fee estimate listed for any dental care can only be extended for a period of six months from the date of the patient examination.

We strive to have a convenient schedule with varied hours in order to accommodate our patients. Each appointment is made in order to reserve your special time with the dentist. If you need to change your reservation, we will be happy to find a more convenient time for you. This requires at least **1 business day's notice**. If you do not show up for your reserved time, you may be charged at a rate of **\$98 per hour**. Your dental care is important to us, as well as the dental care of all of our other patients.

If at any time you need to request a copy of your records, the records will be generated and sent to a provided address after you have paid all charges for past work. A small processing fee for the office to provide any and all of your x-rays and records may be charged. Due to new HIPPA laws, this can only be done with written consent from the patient/guardian.

**I UNDERSTAND THE ABOVE AND AGREE TO ITS TERMS**

\_\_\_\_\_  
Signature of patient, parent or guardian      Date: \_\_\_\_\_      Relationship to Patient: \_\_\_\_\_

\_\_\_\_\_  
Signature of guarantor of payment/responsible party      Date: \_\_\_\_\_      Relationship to Patient: \_\_\_\_\_