

Financial Policies and Options

We have several financial options available for your convenience in receiving the best dentistry has to offer. We have found that our patients appreciate knowing what dental financial responsibilities they will incur. Therefore, we discuss with our patients before we begin treatment what their financial options are. Knowing this ahead of time allows us all to arrange for the completion of the necessary dental services with comfort and ease.

_____ **Cash, Check or Credit Card:** With 5% Discount at time of service. Full payment is due when services are rendered. We accept Visa, Master Card, and Discover Card. There is a \$35.00 return check fee. If you would like your credit card number kept on file with us, enter it below. You will need to notify us when you want to make a payment on the card listed.

Card # _____ Exp. _____ Security Code _____

_____ **Senior Citizen Discount:** For our patients 65 and over, we offer a 6% cash discount for payment in full at the time of services rendered. (This is subject to insurance limitations if insurance is involved.)

_____ **Gradual Treatment Plans:** We can plan the completion of your dental treatment plan by spreading your appointments over several months or years if the situation requires. We let you know what you will need to pay for each appointment. We will arrange to do the most urgent services at the beginning of treatment. Be aware that the longer things are left untreated the more expensive and painful they may become. We recommend you see us regularly for professional cleanings and exams during the gradual treatment plan.

_____ **Dental Insurance:** Most insurance companies will not cover 100% of all dental expenses. Your estimated portion, not covered by insurance, is due at the time of services rendered.

Please remember that **insurance is a contract between you and the insurance carrier, not the insurance carrier and the dentist.** Our concern is for you to get the care and treatment you need-not just the "average" care that most insurances cover. We will never allow an insurance company to dictate inferior treatment to any of our patients. We want what is best and right for you.

You are responsible for the payment of all dental fees. We will gladly submit your forms as a courtesy to you. Any balance unpaid by the insurance after 45 days is your responsibility to pay and seek reimbursement from the insurance carrier.

Please be aware that we are only capable of ESTIMATING YOUR PORTION due to the large number of insurance plans with which we deal with. Again, the insurance is a contract between **you and the insurance carrier.** They should notify you with any periodic changes in the contracts and you are responsible to notify us of the changes. The insurance company will not notify the dental office of any changes.

I understand financial policies of this practice and agree to the above selected arrangements. I grant my permission to Dr. Capener or his assignee to telephone me at home or at my workplace to discuss matter related to this form. A service charge of 1 ½% per month (18% per annum) on the unpaid balance will be assessed on all accounts exceeding sixty days from the date of service unless previously written financial arrangements are satisfied. I also agree to pay up to 49% of all collection fee costs and reasonable attorney fees if my account is pursued in court or place with an attorney or agency to collect monies owed by me.

This agreement supersedes all previous financial arrangements signed by me.

I certify that I have answered all questions on this form accurately and to the best of my knowledge. I hereby agree to abide by the conditions outlined hereon.

Signed _____ Date _____ Witness _____