Premier Dentistry, PC.

Financial Agreement

Welcome to Premier Dentistry where our mission is to create a smile you value. We are committed to providing you with the highest quality dental care, technology and up-to-date information to better help you understand your oral health, and achieve your dental goals. This financial agreement is intended to help you understand your options and obligations by clearly outlining our office policies. As always, we strive to provide you with excellent customer service in order to ensure that you receive the best experience possible.

***Regarding dental insurance:**

Your insurance policy is a contract between you and your insurance company; Premier Dentistry is considered a 3rd party and we are not privy to that contract. We cannot bill your insurance company unless you provide complete insurance information to us, this includes any changes to your current plan and any new insurance policies that are issued to you. Any balance after your insurance processes your claim is your responsibility. All remaining balances are due upon receipt of statement. Please be aware that some, and perhaps all, of the services we provide may not be covered and/or considered medically necessary under the specific stipulations of your insurance plan. In these cases, you are responsible for all charges and any balance due is your responsibility. Please take the time to review your insurance policy so you are aware of all coverage details, limitations, frequencies, maximums and deductibles. Premier Dentistry deals with many different insurance companies and plans and we do not have first-hand knowledge of your specific plan details and benefits. If you have questions regarding your benefits, coverage, limitations, frequencies, maximums and/or preferred providers, please call your insurance company directly prior to receiving any services in our office.

***Please review the following statements; a signature and date is required on the back of this form:**

- We will do our best to provide you with an **estimate** of your insurance co-pay prior to your appointment. The "estimated co-pay" is due at the time of service. We will gladly assist you in taking advantage of your insurance benefits but please remember that all charges are ultimately your responsibility regardless of insurance coverage. We cannot and do not assume responsibility for any services that are denied by your insurance plan.

- Please remember that all treatment is recommended based on necessity and will not be based on your insurance benefits or what is covered under your specific plan.

- To help eliminate paper statements, all payments including copays, coinsurance, cancellation fees, outstanding and past due balances are due at the time of service.

- For patients **<u>without</u>** insurance coverage we offer a 5% courtesy discount for payment in full with cash or check due at the time of service**

- For seniors age 60 and older **without** insurance coverage we offer a 5% discount**

- Any unpaid balances will be subject to a 1.5% monthly finance charge if not paid in full within 30 days.

- Returned checks for insufficient funds or closed accounts are subject to a $50.00 fee. If a check is returned, cash, Visa, MasterCard, or CareCredit™ will be the only accepted form of payment for all future appointments.

- Although we are unable to arrange payment plans through our office, we do accept CareCredit™, which is an interest free credit card through a third-party agency. We are happy to answer any questions you have regarding CareCredit™. You may also get more information and apply online at www.carecredit.com

- In order to avoid a cancellation fee, we ask that our patients give us the courtesy of at least **24 hours** notice to cancel or reschedule their appointment. If you fail any appointment you will be subject to our cancellation fee of $100 per hour. Please be aware our policy warrants dismissal after two appointment failures.

All payments including copays, coinsurance, cancellation fees, outstanding and past due balances are due at the time of service. We accept the following forms of payment:

Cash/Check/Visa/MasterCard/Discover/American Express/CareCredit™

**One discount is available per patient. Discounts cannot be combined. Dental Health Savings Plan participants are not eligible for additional discounts.

I hereby authorize Premier Dentistry, PC. to submit claims to my insurance carrier for all services rendered. I direct third party payers (insurance companies) to issue payment directly to Premier Dentistry, PC. All payments are due at the time of service, this includes copays, coinsurance, cancellation fees, outstanding and past due balances. Any unpaid balance is subject to a 1.5% finance charge if not paid within 30 days. All charges are my responsibility regardless of insurance. Delinquent accounts will be turned over to a credit reporting collection agency. Please be aware our policy warrants dismissal if your account is turned over to a collection agency. All legal costs, collection expenses and attorney fees are my responsibility.

Print Patient Name: ______________________________ Date: ______________

Patient/Guardian Signature: ______________________________