

THE DENTAL HEALTH CENTER
Stacy Manlove, D.D.S.
FINANCIAL AGREEMENT

- * **Most insurance companies will not cover 100 percent of all dental treatments. Your portion, not covered by insurance, is due at the time the treatment is performed.**
- * **A quote of benefits from your insurer is not a guarantee of payment. Frequently insurance companies quote inaccurate benefits - and then decline to pay for certain procedures. We will verify and file insurance claims - but you are ultimately responsible for any unpaid balance on your account. All incurred charges are ultimately the responsibility of the patient regardless of insurance coverage. We must emphasize that as your dental care provider, our relationship is with you, our patient, and not with your insurance company. Our office is not a party to that contract or any possible restrictions. We accept cash, personal checks, and credit cards: VISA, MasterCard, Discover, and American Express.**
- * **We have made arrangements with Care Credit, a company that will finance your dental treatment with credit approval. This will allow you to complete your dental care without delay and make relatively small monthly payments. Application forms are available at the reception desk.**
- * **Payment in full is due when services are performed unless other financial arrangements have been made. If a check is returned for any reason, the office will charge a \$25 returned check fee plus any bank charges and may also suspend your check writing privileges.**
- * **The patient agrees to assign all payments for dental service rendered to: Stacy Manlove, DDS.**
- * **If an account becomes past due, the office will take all necessary steps to collect the debt. If we have to refer your account to a collection agency or credit reporting bureau, the responsible party agrees to pay all of the collection fees that are incurred.**
- * **If we have to refer collection of an account to an attorney or local Justice of the Peace, the patient agrees to pay all lawyer's fees and court costs. In case of a suit, the patient agrees the venue shall be in Corpus Christi, Nueces County, Texas.**
- * **Patients who request a copy of their dental records or ask that a copy of their dental records be forwarded to another office are responsible for paying reasonable and customary charges for duplication of those records. These costs are specified by the Texas State Board of Dental Examiners and cannot be waived.**

By signing this document, I agree to comply with all of the policies and procedures stated above. This agreement has no expiration date.

Patient Signature

Date