

## OUR FINANCIAL ALLIANCE

Our goal in discussing financial arrangements with you is straightforward:

### **To create an understanding and partnership in the settlement of your account.**

It is important to us that the quality of our business services matches the quality of our dentistry. We want the handling of your account, from the start through the final payments to be perceived as an extension of the dental care we provide you and your family.

### **PATIENT'S ROLE**

As with any partnership, both parties have a role to play. Our role is to provide you with quality service. In turn, your role is to pay for your treatment in a timely manner. Our team will work with you to determine financial arrangements that make sense for both of us. With an agreement made, our joint follow-through will result in a win for everyone.

In developing a financial arrangement it is important to remember your dental future. Our experience has shown that when an account lingers, patients are likely to defer their appointments. With this in mind, we will concentrate our efforts on cleaning your account in as short a time as is comfortable for both of us.

All patients must complete our Financial Alliance Form before seeing the doctor.

### **PAYMENT OPTIONS**

1. Full payment is due at the time of service with cash, check, Visa, or MasterCard.
2. We offer access to extended payment plans with credit approval. Please inquire about this option.
3. If you have dental insurance, will **estimate** what your insurance company will pay. We require payment of your uninsured portion upon receipt of services.

### **REGARDING INSURANCE**

Each insurance company is different, so please note that your initial payment at our office is only an estimate. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. However, as part of the financial arrangement process, we will bill your insurance company for your procedures and help you to maximize your reimbursement. Any unpaid balance after insurance pays is due within 14 days. In the event that your insurance company denies payment of a service, you are responsible for that fee. If your insurance company has not paid on your claim within 45 days, the full balance will automatically be transferred to you. After 45 days, any balance remaining on your account may be charged to your credit card. Please see the attached for a credit card authorization.

**I understand that payment is due at the time of service. I understand that if my account reaches collection status (90 days), my account may be turned over to a collection agency. Additionally, if my account reaches collection status (60 days), I agree to pay a monthly late fee in an amount equal to 1.5% of my remaining balance. There is a \$20.00 processing fee on returned checks.**

I have read the Financial Alliance. I understand and agree to abide by the policies therein.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_