

## Patient Financial Agreement

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### PATIENT PAYMENT POLICY

Patients who are covered under an insurance policy are responsible for anything that their insurance does not cover. Patients who are covered by Delta Dental will be responsible for payment in full at the time of services. All other patients will be responsible either for their estimated patient portion or no less than 20% as most insurance companies cover services at 60%-80%. Payment for these services can be made by cash, check, and/or credit/debit card. If patients need to make payment arrangements for their portion they must speak to the office manager prior to the rendering of ANY services.

### PAYMENT ARRANGEMENTS

Periodontics and Dental Implants, P.C. offers two financial arrangement options. For patient portions exceeding \$1000 patients may contact CareCredit for 12 months of interest free financing. This service must be applied for PRIOR to services. Please ask our office manager for an information booklet if you are interested in this type of financing. For patient portions less than \$1000 patients may leave a credit/debit card on file with the business office and the portion may be split over two or three months. If this option is selected a credit/debit card MUST be left on file. Services will automatically be charged to this card one time per month on the agreed upon date for the agreed upon amount. If the credit/debit card is declined a \$10 fee will be applied to the patient's account and the patient will be contacted immediately. If for any reason the patient does not make payment within 30 days of the credit/debit card being declined the account will automatically be sent to collections. Patients who have a patient portion of less than \$1000 but more than \$300 may also apply for CareCredit.

### RETURNED CHECK POLICY

There will be a \$30 charge for all returned checks. Patients are also responsible for any bank charges that may be assessed. Payment for the returned check must be made with cash, money order, or cashiers check.

### COLLECTION AGENCY POLICY

Services rendered must be paid within 30 days from the date of service unless financial arrangements are made PRIOR to services.(See above for payment arrangements.)

This is regardless of insurance paying their estimated portion to Periodontics and Dental Implants, P.C. Any balance that goes unpaid after 30 days from the date of service will begin to incur interest of 1.5% per month at 18% APR. If the account is delinquent for 90 days a letter will be sent to the patient notifying them of our decision to send the account to collections. The patient will then have 10 days to make payment in full on the delinquent account or it will be sent to collections immediately. If the account goes to collections the patient is responsible for any fees incurred.

### FAILED/SHORT-NOTICE CANCELLATION POLICY

Periodontics and Dental Implants, P.C. requires 24 hours notice to either cancel or change an appointment. If you are scheduled for a surgical procedure we require 72 hours notice to cancel or change the appointment. If proper notice is not given on the first offense the patient will be provided with a written warning. On the second offense the patient will be charged a non-refundable \$50 fee.

I have read and understand the financial policy, and agree to honor the policy.

Signature \_\_\_\_\_

Date \_\_\_\_\_