DentiStar
Simply. Superior. Dentistry

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FINANCIAL ARRANGEMENT OPTIONS FORM

Effective March 23, 2013

We are committed to providing you with the best possible dental care and are pleased to discuss any and all of our professional fees at any time. Your clear understanding of our Financial Arrangement Form is very important to our professional dental relationship. If you have any questions or concerns, please ask our friendly administrative team.

These options are a benefit to our patients. Financial decisions should not be an obstacle to obtaining important, life-enhancing dental care. For this reason, we have compiled several financial options so you can make informed decisions on proceeding with your dental treatment without the concern of expense.

We would appreciate you making arrangements to settle your account for treatment completed at the time your service is rendered. For your convenience we accept Cash, Visa, MasterCard, Discover, American Express, and Personal Checks.

Insurance – As a courtesy we will file your insurance claim on your behalf. Please provide us with your dental insurance wallet card and all required employer information. Insurance is not a guarantee of payment; it does not cover all of your costs, it will only pay a portion. Your insurance benefits are determined by your employer by the type of contract they purchase through your insurance company. Your insurance coverage is a contract between you and your insurance company. Your insurance and payment is still your responsibility. **If payment for previous services has not been paid in full to our practice within 45 days, either by you and/or your insurance company, the remaining balance for treatment is considered due and collectible from you. Any account balances not paid in 90 days will be sent to a collection agency, which will then be sent to all credit bureaus.** We ask that you assist us in working with your insurance company to make sure we receive payment in a timely manner. _

Flex Plan / Spending Accounts – Payment in full is requested at the time your service is rendered. We will be happy to give you a copy of your receipt which will allow you to submit the amount to your Flex Plan / Spending account for reimbursement directly to you.

Payment Plans / Financial Arrangements:

- **CARE CREDIT 3rd Party Financing Option** –**Interest free financing for qualified applicants up to 18 months**. We are excited to offer a payment alternative that will benefit our patients. Ask our administrative team today to find out how this program can be of benefit to you.

- **Major Treatment -** i.e. Veneers, bridges, dentures, root canals, extractions, etc – A deposit of 50% of the total treatment (or co-pay) must be made no later then the day of the first appointment. Payment for remaining balance will be determined prior to the start of treatment.

ADDITIONAL INFORMATION

If you must change your appointment, a 24 hour (business day) notice is required.

Broken Appointments – Appointment times are reserved specifically for our patients. If an appointment is missed without notice, a $40.00 fee will be assessed to account. **PLEASE NOTE** – If patient arrives late for appointment, we will do our best to accommodate treatment scheduled. Due to time, we may have to reschedule for another day.

Short Notice Cancellations – If an appointment is changed at the last minute, time is taken away from other patients who are waiting to be placed in our schedule to complete their treatment. In the event this occurs, a fee of $40.00 will be assessed to account.

Returned Check Fee - $50.00 will be added to account balance if a check is returned to us as Non Sufficient Funds.

Cash Only Patients – Extended to select patients returning to our practice who had a previous delinquent account. To reserve an appointment time in our schedule, a deposit equal to the amount of treatment needed is required to schedule an appointment time. Cash or credit card must be used to reserve time.

Collection Accounts – If account must be turned over for collections; patient is responsible for all collection costs, court costs, past judgment interest and attorney fees.

I hereby acknowledge receipt of the above information and understand that I am completely responsible for all fees.

PRINTED NAME	SIGNATURE	DATE