

Financial Agreement

We are committed to providing you with the best possible dental care. In order to begin a lasting, professional relationship, we ask for your understanding of and cooperation with our payment policy.

We are contracted provider with selected PPO insurance plans. If we are a contracted provider with your insurance plan, we will submit your claims and receive the corresponding payments. You *will* be responsible for making any *estimated* co-payments at the time of service.

ALL OTHER PATIENTS: Full payments is due at the time of service unless *other arrangements* have been made in advance with the office manager. *Other arrangements* are per occasion and are **not** to be considered permanent arrangements. Financial alternatives for extensive treatment can be discussed, but are subject to final approval by our office manager. We will be happy to submit to your insurance and collect payment from them provided that correct insurance information was given to verify eligibility. *Estimated* co-payments are due in full at the time of service. Any remaining balance after insurance payments have been received, will be due upon receipt of statement.

IMPORTANT INFORMATION:

- 1) When appropriate, we will be happy to submit a pre-treatment estimate to your insurance company at your request and after you have provided the office with the proper insurance information.
- 2) Interest, at the rate of 1.5% per month, will be applied to all balances exceeding 90 days.
- 3) Accounts exceeding 60 days since the last payment will be reviewed for collection by a third party.
- 4) If an account requires collection by a third party, the patient/guarantor will be responsible for the collection fees (50% of original balance + \$50), attorney's fees, court fees, and any/all other cost incurred to collect your debt. We sincerely hope and expect these measures will never become necessary.
- 5) A \$50 fee will be charged to your account for broken appointments and appointments cancelled without 48 hour notice. We appreciate your respect for other patients who could have utilized the reserved time.
- 6) Prosthetics (crowns, bridges, veneers, etc.) and cosmetic bleaching will not be delivered until final payment has been received.
- 7) If I request financial arrangements for my balance, I authorize, Anthony J. Black, DDS, PC, to request a credit history report prior to my approval.
- 8) **Military Only:** I authorize, Anthony J. Black, DDS, PC, to speak to my/my spouse's superiors if I am delinquent in paying my account.

If you have any questions concerning the above information, please do not hesitate to ask. We will be happy to answer any question you may have.

I have read and understand the above information

Print Patients Name

Signature

(Must be 18 years or older)

Today's Date