

OFFICE POLICY AND FINANCIAL AGREEMENT

For the convenience of our patients, the following office policy and financial agreement has been established for your review.

Cash / Check / Credit Card

A 5% accounting reduction is offered for treatment planned services.

Credit Cards

We accept VISA, MASTERCARD, and DISCOVER. We offer these to allow you the most convenience in taking care of your account.

Dental Insurance

As a service to our patients, we will file your dental insurance via electronic claims. We work with your insurance company to provide the most accurate estimate of your co-pays. It is the patient's responsibility to provide the correct insurance information at the first visit. Payment in full is required at the time of service for all non-insured patients. Insured patients are responsible for, and should be prepared to pay all amounts not to be covered by the insurance estimate. With insurance plans paying only a portion of treatment cost, we can only estimate what your insurance company will pay. The maximum time allowed for an insurance payment is sixty days. After sixty days, the patient is responsible for the entire balance.

Payment Plans

We have made arrangements with the Care Credit Company to provide payment plans. This allows you to complete your dental work without delay and make relatively small monthly payments. Care credit is used for treatment over \$300. Applications are available and approval can be determined within ten minutes. For your convenience you can also apply online at www.carecredit.com

Cancellations

As a courtesy to all patients we ask that a forty-eight hour notice be given for a cancelled appointment. **If we have not received sufficient notice, a charge may be applied to your account.**

RELEASE OF INFORMATION AND ASSIGNMENT OF BENEFITS

The undersigned has read the above and agrees, whether he/she signs as a responsible party or as a patient, to pay First Impressions Family Dental Care, PC, in full without regard to insurance coverage. I also agree to pay interest at the rate of 18% APR to pay on any balance over 90 days from the date of service. I further agree to pay any collection fees, attorney fees, and court cost should these means of collection become required. The undersigned further agrees to assign any/all insurance benefits to be paid directly to First Impressions Family Dental Care, PC, and agrees to release any information requested by the insurance carrier, and allows First Impressions Family Dental Care, PC to use patient photos (withholding all names) as educational tools within our practice.

Patient's Signature or Legal Guardian of a Minor

Date