

Premier Dental, P.C.

OFFICE FINANCIAL POLICY

Thank you for choosing Premier Dental, P.C. as your dental care provider. Our office is committed to successful care and treatment of our clients. Please be aware that payment is considered part of your dental treatment. We require that you read and sign this agreement prior to any dental treatment.

1. Payment is due at time of services.
2. This office accepts Cash, Checks, Visa, MasterCard, Discover, American Express
And Third Party Financing.
3. Failure to honor payment arrangements as agreed will result in collections.
4. after 45 days, past due accounts will be sent to collections unless prior Arrangements are made.
5. There will be a \$35 fee charged for NSF checks.

Minor Patients

When treatment is planned for minor clients, the accompanying parent or guardian is responsible for full payment. Responsible party must sign consent form prior to services.

Broken and/or Missed Appointments

Unless canceled within 48 hours, Premier Dental reserves the right to charge a minimum of \$20 and a maximum not to exceed \$100 per hour of appointment time reserved for any appointment not kept by the client. Also, if a client is more than 15 minute late, there may be a need to reschedule. After two (2) broken or

missed appointments, the office reserves the right to discontinue elective treatment.

Insurance

As a courtesy, we calculate an estimate of what your insurance is expected to pay for each service. It is only an estimate. To properly file your claims we need all necessary information. After verifying coverage with your carrier, benefits will be estimated. All co-payments are due at the time of treatment. Any unpaid claims are your responsibility. Your insurance policy is a contract between you and your carrier. We are not a party to that contract. If your carrier does not pay within 45 days of treatment, your balance is automatically due and payable immediately by you. This form is an authorization to submit insurance claims and necessary information to your insurance carrier in order to process your claims.

Insurance policies are controlled by your employer. It is your responsibility to let us know of changes. We do not verify insurance every time you come into the office if you are an established patient. When we verify your insurance, we are given a general breakdown. There are often "fine print" details that are not told. The details of your policy are in the benefits booklet you are to receive from employer.

I have read and agree to the above Office Financial Policy. I have selected and agree with the above designated financial agreement. I accept financial responsibility for the procedures to be performed. I also understand that if I default on payment and can not resolve it with Premier Dental, I will also be charged billing charges that will be greater than or equal to any court cost, attorney's fees, collection agency fees, and/or any other costs associated with collecting any incurred debt

Signature of Patient or Responsible Party

Date