Financial Agreement PLEASANT RUN DENTAL

We are thankful that you have chosen Pleasant Run Dental as your dental team. We strive to provide you and your family with the finest dental care available. Part of providing you with excellent service includes discussing all treatment and financial information with you before your dentistry is performed. Each year, we provide outstanding dental care to many people just like you. Some have dental benefits, but many do not. If you have dental benefits, congratulations! You are very fortunate. If you do not, we have numerous ways to help make any type of dental care affordable for you.

Here are some important things you should know if you DO have dental benefits:

- **We request that any estimated co-payments, deductibles, and/or services not covered by your dental insurance, be paid on or before the date of service.**
- We accept cash, check, Visa, MasterCard, Discover, American Express credit and debit cards. There will be a 3.75% processing fee applied to all card payments. If you would like to pay with a check or cash you will receive a 5 % discount.
- We also offer Care Credit, interest free financing for 6 and 12 months with prior approval.
- Please be aware of your plan's benefits, exclusions and frequency limitations. Every plan is different and changes do occur frequently. If your insurance changes you must inform us immediately or added costs will be your responsibility.
- We will perform an initial insurance verification and try to provide you with an **estimate** of your payment portion before your appointment. To make this accurate please make sure we have up-to-date information about you, your insurance company, and your employer.
- If your insurance has not paid your account in full within 30 days after treatment is rendered, the remaining balance for your treatment is considered due at that time and must be paid by you.
- Unfortunately, dental benefits often do not cover many routine dental service or newer procedures that are very important for your overall health. It is important to trust that your dental team is striving to provide you with the proper care you deserve.
- Your policy is a contract between you and your insurance provider. Although we are an "in-network" office for many insurance plans, any coverage issues can only be addressed by you or your employer.
- Please know that we work hard to see that you receive the full benefits of your policy as quickly as possibly by electronically filing your claims the day of your treatment. We also routinely provide color photos and narratives to help obtain payment of a claim.
- Insurance is not a guarantee of payment. You will be expected to pay for services rendered if we are unable to verify your insurance information before treatment.

Here are some important things you should know if you DO NOT have dental benefits:

- **Payment for your appointment is due on or before the date that services are rendered.**

- We extend a 5% accounting courtesy for full payment made by cash or check at the time of service.

Treatment plans may change due to unforeseen circumstance. Patients will be made aware of these changes and will be responsible for the treatment that is necessary and completed.

We offer a two-payment option for major treatment such as, Crowns, and Bridges. Half of your estimated payment will be due at the first appointment and the second half will be due that the delivery appointment. This applies to both our insured and non-insured patients. Please see our treatment coordinator if you would like to take advantage of the option.

For your convenience, we will need to release information to your insurance company regarding your treatment. We will also need to receive payment directly from them for your covered services.

Your dental appointments are scheduled to make sure trained personnel, costly dental equipment and supplies are reserved specifically for your needs. Broken appointments prevent other patients from receiving dental care, since your appointment time is reserved for you we require **3 BUSINESS DAYS notice to cancel or reschedule your appointment. We reserve the right to charge and collect the following for any broken appointments. All appointments will need to be verbally confirmed 3BUSINESS DAYS prior to your appointment. Any appointment that is not**
confirmed 3 days prior will be removed from the schedule. The fee for any late cancel or no-show will be as follows:

$100 –appointments of one hour or less

$100- each additional hour reserved for an appointment.

Patients who are unaccompanied minors, minors who are accompanied by a responsible guardian, or are adult patients with responsible parent/guardian/significant others will need to provide payment at the time of service. We are happy to arrange a secure pre-authorization of a responsible party's credit card if requested. If payment is not made at the time of service, non-emergency treatment may be denied.

Separated or divorced parents of minors who share responsibility for the cost of their children's dental care must provide payment in full (or responsible co-pay) when the children are here. If necessary, we are happy to securely hold a credit card number on file from the non-custodial parent.

Returned checks for insufficient funds or closed accounts are subject to a $50 fee. If a check is returned please be advised that cash, or credit card will be the only acceptable form of payment for this balance.

Delinquent accounts with balances over 60 days from when services were rendered will be marked "inactive". In order to have non-emergency dental treatment performed on any of the account members, the account balance must be paid in full before the account will be "reactivated".

Any balance over 60 days old will be subject to a $20 monthly billing fee. If a collection agency becomes necessary in the settlement of your account, you will be responsible for a $50 administrative collection fee as well as all related collection agency fees.

Extensive cancellations and no shows are costly and do not allow our staff to provide care to other patients that are often eagerly awaiting certain appointment times. More than 2 instances may result in termination of our treatment agreement and your records may be forwarded to another dental office for a $35 fee.

Credit balances under $25 will not be returned without a written request after 3 years.

I understand and accept the financial conditions and have had my questions answered. I also authorize the release of pertinent medical/dental information to an insurance carrier to aid in obtaining the best reimbursement possible for my treatment.

Patient Signature:_____Date:_____