

FINANCIAL POLICY FOR PEARLWHITE DENTISTRY

By executing this agreement you are agreeing to pay for all services that are received.

Payments: Our administrative team will work with you to handle your financial needs; however we do require all routine treatment paid in full at the time of service.

Forms of payment: Cash, check and credit cards are all acceptable forms of payment. We accept Mastercard, Visa and Discover. In addition, we also offer third party financing, with processing taking only a few minutes. This is especially convenient if you will be having a comprehensive treatment plan.

Insurance: If you have insurance benefits, we can provide an **ESTIMATE** of what your insurance company is expected to pay, but can make no guarantee of estimated coverage. All charges not paid by insurance are **YOUR RESPONSIBILITY** from the date services are rendered.

Past Due Accounts: Once your account is 30 days past due, we will charge a \$25 past due fee. You will also incur finance charges of 0.55% per month on your balance. If your account becomes past due for more than 90 days, we will take necessary steps to collect this debt. If we have to refer your debt to a collection agency, you agree to pay additional collection costs incurred from address searches, credit reports or attorney fees which can possibly equal 50% of the balance due. We may also take the claim to Small Claims Court. You agree to pay any court fees incurred in trying to collect the past due balance.

Returned Checks: There is a \$30 fee for any checks returned by the bank. We prefer payment in cash on accounts with a history of a returned check.

Missed Appointment Fee: If you miss your appointment or cancel with less than 24 hrs notice we have the right to charge a \$35 fee.

Divorce: In case of divorce or separation, the party responsible for the account prior to the divorce or separation, remains responsible for the account. After a divorce or separation, the parent authorizing treatment (signing consent) for a child will be the parent responsible for subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

By signing this agreement, you agree to all terms and conditions contained herein. I have read and understand the financial policy outlined above.

Patient name

Responsible party

Relationship to patient

Signature

Date