

Financial Policy Agreement

We are dedicated to helping you keep your oral health and smile, healthy and beautiful for a lifetime. Our staff believes it is important to provide our patients with both the highest quality dental care and to make this treatment affordable. We know you depend on us to explain all dental procedures and associated fees clearly and professionally before we begin treatment. We will gladly devote the time and attention necessary in offering you financial counseling when discussing fees and methods of payment. By executing this agreement, you are agreeing to pay for all services that are received.

Payment Options: We are pleased to offer you the following *Flexible Financial Payment Options*:

1. 5% Prepay Courtesy Discount
 - Treatment plan paid in full prior to appointing
 - Cash or Check or Money Order payment only
2. Cash and Checks and Money Orders
3. Visa, Master Card, American Express, Discover
4. Care Credit, American General, & Citbank
Healthcare Financing - Credit Check required
5. Dental Insurance (Please read below)

Dental Insurance: Your dental insurance plan is based upon a contract between your employer, the insurance company, and you...not us. We are happy to process any insurance claim as a courtesy service to you at no charge, to help you achieve the maximum reimbursement to which you are entitled. Please keep in mind that any estimate we provide to you is only an estimate and it is the insurance company that makes the final determination of your eligibility. Therefore, **you are responsible for any charges not covered/paid by your insurance.** If your insurance company has not made payment on your dental claim within 60 days, you are responsible for the balance and will receive a bill for the unpaid balance.

Monthly Statement: If you have a balance on your account, we will send you a monthly statement. It will show the previous balance, new account charges, finance charge (if any), and payments or credits applied.

Payments: Unless a written payment agreement is in place, the balance on your statement is due and payable when the statement is issued/received, and is past due if not paid by the end of the month.

Finance Charge: A finance charge will be imposed on your account balance not paid within 60 days from the time of service. The **FINANCE CHARGE** will be computed at the rate of one percent (**1%**) per month or an **ANNUAL PERCENTAGE RATE** of twelve percent (**12%**). The minimum finance charge is \$.50.

NSF Checks will incur an additional **\$25 charge** to the unpaid balance.

Past Due Accounts: If your account becomes 90 days past due, and no written payment agreement is in place, your account will be referred to a collection agency. You will be responsible for all collection costs, lawyer's fees, and court costs incurred as a result of this process.

Divorce: In case of divorce or separation, Louisiana Community Property Laws state the party (husband & wife) responsible for the account prior to the divorce or separation, remains responsible for the account. After divorce or separation, the parent authorizing treatment for a child will be the responsible party for the subsequent charges.

Transfer of Records: To transfer/copy your dental record (dental charting, family file, payment history, x rays), a copying fee of \$1/ per page plus \$10 for a postage/handling fee will be applied to your account balance and will be paid in full prior to the release of your dental record.

Effective Date: Once you have signed and dated this agreement, all the above terms and conditions will be in effect.

Patient Signature: _____ **Date:** _____
Responsible Party (if not the patient): _____