



## Financial Agreement

Our office wants all of our patients to be able to comfortably afford dental care. We proudly offer a written financial policy so that our patients can have the opportunity to decide which payment option best suits your needs. We will be happy to work with you to plan the most appropriate arrangements for your budget.

### Payment Options

Payments are expected at the time services are rendered. We accept cash, checks, debit cards and all major credit cards. For multiple appointments, payment can be broken down into a maximum of 4 payments.

We have made arrangements with Care Credit and Compassionate Financing to provide outside financing options,

- **Care Credit** including 12 months interest free financing. Financing allows you to start your dental treatment immediately and spread the payments out over a time period. Please visit our website [www.leadingdentalsolutions.com](http://www.leadingdentalsolutions.com) and click on the care credit button to apply.
- **Compassionate Financing** allows you to use your checking account for an automatic monthly withdrawal for any dental care over \$1000.00. This service requires a 20% down payment at the start of the treatment. Finance terms can be extended for 12-60 months with a fixed APR. Apply in the office today.

**Insurance:** Our office understands the value of insurance benefits to our patients and will gladly work with you to help get the maximum benefit available to you. We participate with many different insurance companies. Most dental insurance plans do not cover 100% of the cost of treatment. Because of this, you will be asked to pay your deductible and your portion of your charges the day the service is rendered. We will estimate as closely as possible your coverage, but until we actually receive the payment from the insurance company, it is just an estimate. **We will assist you in dealing with your insurance company, but the ultimate responsibility lies with you.** After 45 days, the balance will be due in full from you regardless of whether or not your insurance company has paid the claim. Our estimates are subject to final approval by your insurance company and could therefore change the amount due to our office by you.

**Broken appointments:** A specific amount of time is reserved especially for you, and we strongly encourage all patients to keep their appointments. If you must change your appointment, we require at least 48 hours' notice to avoid a **\$100.00 cancellation fee** (emergencies are an exception).

**Returned check fee:** A **\$100.00 administration fee** will be charged for all checks returned to us for any reason.

**Records Release fee:** All requests for your records to be faxed, emailed and/or copied, must be made in writing to our office and are subject to a minimum \$25 fee depending on the number of records being requested. Fee must be paid prior to release of records.

I hereby authorize the doctor to perform treatment that may be indicated in connection with my (or my family's) dental care. I agree to pay for all services rendered by this office. If I have dental insurance, I agree to pay for all services not paid for by my insurance company. Interest of 1.5% per month (18% annually), or \$25.00, whichever is greater, may be applied to any balance over 60 days. In the case of default of payment, I promise to pay any legal interest on the balance due, together with any collection costs and reasonable attorney fees incurred in the collection of this account or future outstanding accounts.

\_\_\_\_\_  
Patients Print Name

\_\_\_\_\_  
Patients Signature (Parent if Minor)

\_\_\_\_\_  
Date