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Patient Financial Agreement Form

For our Patients with Dental Insurance

We will gladly verify your dental benefits and process your primary and secondary insurance claims with the following agreement:

- Your dental insurance is an agreement between you and your insurance company.
- All patient copayments and/or patient portions are only an estimate/never a guarantee of payment
- As part of your contract with your insurance company, you are responsible for all out-of-pocket portions/copayments and deductibles.
- Insurance payments not paid after 90 days will become your complete responsibility and must be paid

Our office is committed to helping patients maximize their benefits. Insurance policies vary greatly. Therefore, owing to the complexity of insurance contracts, we can only estimate in good faith, not guarantee coverage. If you have any questions our courteous staff is always available to answer them.

If we are not billing dental insurance:

- We offer a 5% cash/credit discount for treatment paid in full at the time of service
- Ask about our in-house membership plans, Cherry, Care Credit!

Payment options

- For your convenience, we accept VISA, MasterCard, Check, Money Order, or Cash (exact change please)
- Carecredit, specializes in helping patients finance larger dental or orthodontic cases. No down payment is required, and payments can be made up to 12 months with no interest rates.
- Cherry Financing, another way to help finance larger dental or orthodontic cases - ask if your office works with Cherry for more information.

We thank you for choosing our practice and want to spend quality time with you. Because we want to provide you with an excellent team and see one patient at a time, we ask that you schedule your appointments at a time when you can keep the appointment. We understand that circumstances do come up that require you to reschedule your appointments on occasion. We ask for your commitment to notify us of a change 2 business days in advance. If you are unable to give us this advanced notice, please understand there will be a \$95 charge for hygiene visit and \$190 charge for a doctor visit.

I have read, understand, and agree with all of the above. I have been given the opportunity to ask questions. If I have insurance, I hereby authorize my insurance company to pay my dental benefits directly to the doctor. I authorize Dion Health to release any medical information to my insurance company as needed to process my insurance claim.

Patient Signature