

Financial Agreement and Office Policy

Please review the following carefully, then sign and date the bottom of this agreement once you have reviewed it and understand it fully.

Payment is due at the time dental treatment is performed.

- ◆ Payment made by check or cash for the full amount of treatment will be given a 5% discount.
- ◆ We accept Visa, MasterCard and American Express.
- ◆ If you have dental insurance, as a courtesy to you, we will submit you insurance claim electronically for processing. We will *estimate* your insurance carriers portion and the guarantors portion due by you at the time of service. Should your insurance carrier pay less than the estimated amount, you will be billed for that balance and it will be payable upon receipt.
- ◆ Financing options are available through American General or CareCredit financing and must be secured in advance of treatment. Brochures and applications are available at the front desk. You can also apply for CareCredit on line at carecredit.com. Please don't hesitate to ask if you have questions or would like an application.

Appointment Scheduling is a critical part of our day. With that in mind, we require at least two working days notice to cancel or move a scheduled appointment. We make every effort to provide appointment cards and reminder phone calls for our patients so that they are informed of the next appointment they have scheduled. Cancellations or missed appointments without the two working days notice will be charged a \$25.00 appointment fee. **Initial**_____

By signing this agreement you understand and agree to the policies of this office. Furthermore, you understand that we do our best to estimate treatment and its cost and that final treatment is determined upon the completion of dental work.

Insurance benefits can only be ESTIMATED. A written pre-estimate/authorization of dental benefits from your insurance carrier is not a guarantee of payment. Please refer to your carrier handbook for specifics on benefit coverage for your plan. Costs not covered by your insurance carrier become the immediate responsibility of the guarantor.

Timm Family Dentistry is NOT responsible for the collection of dental insurance benefits but that claims will be as a courtesy to the patient. We make every attempt to ensure the accuracy of your dental claim based on the information provided by each patient. It is the patients' responsibility to update carrier information, as changes become necessary. You understand that all costs not paid by your insurance carrier are the responsibility of the guarantor and due within 30 days. A finance charge of 1.5% per month or 18% per year will be added to all accounts over 60 days regardless of insurance coverage. I agree to pay that finance charge.

In the event that legal or collection action becomes necessary, I further agree to pay ALL legal, collection and/or court costs involved.

Date: _____ Signature: _____

Date: _____ Agent for Dr. Timm: _____