

## FINANCIAL AGREEMENT

## Dear Patient:

It is the policy of this office to request payment in full at the time of treatment. We accept cash, personal check (NO post dated checks), VISA, MasterCard, Discover and Care Credit (a third party plan offering no down payment, low monthly payments, interest free options and easy over the phone approval). We apply finance charges on all accounts over 30 Days.

If you are currently covered by a dental insurance plan, as a courtesy to you, we will file your claim OR we can contact OUR insurance coordinator and get an ESTIMATE of your out of pocket fee. If the estimate is over, you will receive a refund and if the estimate is under you will receive a statement for the balance. The contract exists between you and your dental company. All fees are your responsibility, including finance charges for accounts over 30 days.

You, the patient, hear from your insurance company before we do. Your insurance company will send you an Explanation of Benefits (EOB). The EOB will let you know when the check is dated. This is not the date the check was mailed. Most insurance companies hold checks 2-3 weeks before mailing and then another 3-5 days for the U.S. mail to deliver.

If you do not hear from your insurance company within 30 days of treatment, please call your insurance company directly.

Occasionally, insurance companies request a narrative explanation for procedures. This slows down the processing of your claim. In the event your insurance company requests such a letter, there will be an additional \$35.00 fee for this service. This is to be paid by you, the patient.

We appreciate your cooperation. We will be glad to address any questions you have regarding this matter.

Thank you,	
DR. MARK CONARD	
Date	Signature
	Patient, Parent or Guardian