



# Intercoastal Endo

— Mark Conard D.M.D., M.S. —

## FINANCIAL AGREEMENT

### PAYMENT POLICY

Payment is due in full at the time services are rendered unless prior financial arrangements have been made.

We accept:

- Cash
- Personal checks (no postdated checks)
- Visa
- MasterCard
- Discover

We also offer third-party financing through CareCredit and Proceed Finance for qualified applicants. These programs may provide no down payment, low monthly payments, and promotional interest-free financing options.

### PAST-DUE ACCOUNTS

Account balances remaining unpaid for more than 30 days may be subject to a finance charge.

### RETURNED CHECKS

A \$35.00 fee will be assessed for any returned check. In addition, patients who have a returned check will no longer be permitted to make payments by personal check.

### INSURANCE PARTICIPATION

Our office is in-network with:

- Cigna Dental
- Delta Dental
- UnitedHealthcare
- Principal
- Medicaid
- Veterans Affairs (VA) with referral authorization

We are out-of-network with all other insurance plans. We do not accept any discount plans.

**Initial:** \_\_\_\_\_

**OVER →**

## INSURANCE ESTIMATES AND PATIENT RESPONSIBILITY

As a courtesy, we will contact your insurance company prior to your appointment and provide an estimate of your expected out-of-pocket costs due at the time of service.

Please note that insurance estimates are not guarantees of payment. Actual benefits are determined by your insurance company at the time your claim is processed.

If the amount collected exceeds your actual patient responsibility, a refund will be issued. If the amount collected is less than your actual patient responsibility, you will receive a statement for the remaining balance.

The insurance contract is between you and your insurance company. Regardless of insurance coverage, all charges for services rendered remain the responsibility of the patient.

In most cases, you will receive an Explanation of Benefits (EOB) from your insurance company before our office receives notification of claim processing. If you have not received information from your insurance company within 30 days of treatment, please contact them directly regarding the status of your claim.

## ADDITIONAL INSURANCE DOCUMENTATION

Occasionally, insurance companies require narrative reports, records, or additional documentation to process a claim. Preparation of these documents requires administrative time and resources.

If your insurance company requests additional documentation, a \$35.00 administrative fee may be charged for the preparation and submission of the requested materials. This fee is the responsibility of the patient.

## ACKNOWLEDGMENT OF FINANCIAL AGREEMENT

I have read, understand, and agree to the terms of this Financial Agreement. I understand that I am ultimately responsible for all charges incurred for services provided, regardless of insurance coverage or payment by any third party.

**Patient Name:** \_\_\_\_\_

**Relationship to Patient:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_