

FINANCIAL POLICY

This is an agreement between Woodland Family Dental and _____, the patient. By executing this agreement, you are agreeing to pay for all services that are received.

Payments: Payment for services is expected at time of service unless we approve other arrangements in writing prior to your appointment. Accounts are considered past due if not paid by the 25th of each month.

Payment Options:

- A. Your portion is due in Full at time of service by Cash, Check, Visa, American Express or Master Card.
- B. On extensive treatment (crowns, bridges, etc.) you may pay 50% of your portion at the preparation date and the balance at the delivery date.
- C. Care Credit Dental (Capitol One Credit Card) (*You can apply here or online at home*)

Monthly Statements: If you have a balance on your account, we will send you a monthly statement. It will show separately the previous balance, any new charges to the account, the finance charge, if any, and any payments or credits applied to your account during the month.

Finance Charge: A finance charge may be imposed on each item of your account which has not been paid within thirty (30) days of the time the item was added to the account. The **FINANCE CHARGE** will be computed at the rate of one and one-half percent (1 ½%) per month or an **ANNUAL PERCENTAGE RATE** of eighteen (18%) percent. The minimum finance fee is \$1.00.

Late Fee: A late fee of \$25 may be assessed on all charges that are not paid in full by the 25th of each billing cycle.

Insurance: Insurance is a contract between you and your insurance company. We are NOT a party to this contract, in most cases. We will bill your insurance company as a courtesy to you. Although we will ESTIMATE what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility. You agree and understand that YOU are responsible for benefits, payments, or any claim inquiries including yearly maximums.

Returned Checks: There is a fee (currently \$25) for any checks returned by the bank.

Missed Appointment Fee: We require at least 48-hour notice in order to change any appointments. There will be a \$50 fee per scheduled appointment hour for all appointments that are missed or canceled less than 48 hours in advance and patients may be placed on the "Quick-Fill" list to be re-appointed.

Past Due Accounts: If your account becomes past due, we will take necessary steps to collect this debt. If we have to refer your account to a collection agency, you agree to pay all of the collection costs that are incurred. If we have to refer collection of the balance to a lawyer, you agree to pay all lawyers' fees which we incur plus all court costs. In case of suit, the venue shall be in Kootenai County.

Divorce: In case of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. After the divorce or separation, the parent authorizing treatment for the child will be the parent responsible for those charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

Effective Date: Once you have signed this agreement, you agree to all of the terms and conditions contained herein and the agreement will be in full force and effect.

Assignment of Benefits: I hereby assign all dental benefits, to include major dental benefits to which I am entitled, including private insurance and any other health plans, to Woodland Family Dental.

Signature: _____

Email Address: _____