PAYMENT OPTIONS

We are proud to be a part of a team whose primary mission is to deliver the finest & most comprehensive dental care available today. In addition, we are also dedicated to making top-quality care as cost-effective as possible. To assist you with your dental investment, we provide the following payment options:

1) Prepay Courtesy (for fees over \$500)

A prepayment courtesy of 5% will be subtracted from the total patient obligation (not from any portion due from insurance company) if the patient obligation is paid in full at the <u>first</u> treatment visit.

2) Care Credit

With fast approval over the phone from Care Credit, you have virtually instant credit to begin necessary treatment immediately and to spread payments over time. Care Credit carries fixed rates between 0% and 14% and can extend terms out to 60 months. There is no prepayment penalty. We will assist you in contacting them from our office.

3) Pay As You Go

You may choose to pay your entire obligation for each visit, at the time of the visit.

FORMS of PAYMENT and BALANCES DUE

In order to facilitate access to the very best health care possible, you may choose from any of the following (including any combination thereof): Cash, Visa, MasterCard, Personal Check, or Care Credit (see above).

INSURANCE

It is our pleasure to assist you in maximizing your insurance benefits by completing your claim forms. If your carrier is up to date (in over 70% of the cases), the claims will be transmitted via computer modem before the end of the treatment day! As a courtesy, in addition to filing the claim, we will ask you *only for your estimated copayment*. Please understand that this is *only an estimate*, and is based upon the information available to us.

The range of benefits depends solely on the plan your employer has purchased. Some plans cover as little as 30% or as much as 100% of dental services, with most falling in the 40% to 80% range.

Some plans base the amount of benefit on a schedule of fees arbitrarily developed by insurance companies. For this reason, you may receive a lower percentage than the reimbursement level indicated in your dental plan. For example, if your plan states that it will pay 80% of the cost of a specific treatment, it means 80% of the fee arbitrarily determined by the insurance company and not the actual fee charged by our office.

The <u>financial obligation for dental treatment is between you and our office</u>. The insurance company is responsible to you, and <u>not</u> to our office. We will assist you in any way that we can. Once your carrier has paid the claim, any difference will be due upon receipt of our statement. If for *any reason*, we have not received your insurance carrier's payment 90 days after the claim, the remaining balance will be due and payable by you, and subject to 18% APR.

ATTORNEY/COLLECTOR

I understand that all services are due and payable at the time services are rendered unless other financial arrangements have been previously approved. I have read the above and understand it; and agree that in the event of default in the payment of any amount due, and if this account is placed in the hands of an agency or attorney for collection or legal action, to pay an additional charge equal to the cost of the collection including agency and attorney fees and court costs incurred and permitted by laws governing these transactions. Balances over 90 days will incur an 18% APR finance charge.

Signature	Date