

Financial Policy of Dental Perfections, SC

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We have a number of payment options available so that our patients can get the best dental care possible while trying to work the cost into your monthly budget.

Payment in full or all uninsured portion of services including deductible is due at time of service unless other arrangements have been made in advance.

Payment Options:

1. We only offer financing through CareCredit, which is a financial company dedicated to your dental and health care needs. Simply fill out an application. If accepted, convenient payments can be made directly to CareCredit. CareCredit offers 6 and 12 months no interest financing or treatment over \$200.00. We do not accept the 18 month payment option. For transactions over \$1,000.00 they also offer 24, 36, 48, or 60 month financing at 14.9% interest rate.

If you are denied for CareCredit, then future appointments will need to be paid in full before your next appointment can be made.

2. We also offer prepayment to your account. You can make monthly payments in advance. When the total amount of money is in your account for the treatment needed, we will then schedule your appointment. This commitment can also serve as a credit reference in the future for you.

Estimated Cost: Please be aware that the *estimated* cost is just that, an *estimate*. We never know exactly what the tooth will need until all the decay is removed. If there is larger than expected decay or unexpected cracks in the tooth the cost of treatment will change. If the estimated treatment changes, we will inform you at the time of service. You are responsible for what was actually completed on the tooth to restore it to health.

Payments: If there is any difference in the estimated portion verses what your insurance company actually paid, we will either refund you the difference or bill you for the remaining balance. Payments are due when statements are issued and are considered past due if not paid within 10 days.

Insurance: Insurance is a contract between you, your employer and your insurance company. We are NOT a party to this contract. We will bill your insurance company as a courtesy to you. Although we may estimate what your insurance company will pay, it is the insurance company that makes the final determination of your eligibility and what they will pay for services rendered. You agree to pay any portion of the charges not covered by insurance. If your insurance company requires a referral and/or preauthorization, you are responsible for obtaining it. Failure to obtain the referral and/or preauthorization may result in a lower or no payment from the insurance company.

Missed appointment fee: The second time a patient does not show up on time for an appointment, or cancels with less than 24 hour notice, a \$41.00 fee will be charged. This fee must be paid before a new appointment is scheduled. Patients with three missed appointments will be asked prepay their appointment in full prior to scheduling your next appointment. If the appointment is missed, the entire prepaid amount will be forfeited. If you have insurance, we will have the insurance payment sent directly to you.

Breach of Contract: If the agreed upon financial arrangements are breached at any time, then future appointments will need to be paid in full before the appointment is made.

Past due accounts: If your account becomes past 90 days 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 which 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 a law suit, you agree the venue shall be in Walworth County, Wisconsin.

Financial policy continues on the back side.

Finance Charge: A finance charge will be imposed on each item of your account which has not been paid within 90 days from date of service. The finance charge will be computed at the rate of one percent (1%) per month or an annual percentage rate of ten percent (10%). The finance charge on your account is computed by applying the rate of 1% to the overdue balance of your account. The overdue balance of your account is calculated by taking the balance owed ninety (90) days ago, the subtracting any payments or credits applied to the account during that time.

Credit History: You give us permission to check your credit and employment history and to ask questions about your credit experience with us. We have the option to report your past due account status to any credit reporting agency such as a credit bureau.

Waiver of confidentiality: You understand if this account is submitted to an attorney or collection agency, if we have to litigate in court or if your past due status is reported to a credit reporting agency, the fact that you received treatment at our office may become a matter of public record.

Returned checks: There is a \$30.00 fee for any checks returned by the bank.

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 a divorce or separation, the parent authorizing treatment for a child will be the parent responsible for those subsequent 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. Our office is to be paid in full at time of service.

Workers Compensation: We require written approval/authorization by your employer and/or worker's compensation carrier prior to your initial visit. If your claim is denied, you will be responsible for payment in full.

Personal Injury: If you are being treated as part of a personal injury lawsuit or claim, we require verification from your attorney prior to your initial visit. In addition to this verification, we require that you allow us to bill your insurance company. In the absence of insurance, other financial arrangements must be discussed. Payment of the bill remains the patient's responsibility and must be paid in full *at time of service*. We cannot bill your attorney for charges incurred due to a personal injury case.

Transferring of Records: Per HIPPA rules, you will need to sign a release form if you want to have copies of your records sent to another doctor or organization. If you are requesting your records to be transferred from another doctor or organization to us, you authorize us to receive all relevant information, including your payment history.

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.

By executing this agreement, you are agreeing to pay for all services that are received.

I, the under signed, have read and agree to follow all of the above financial agreements. **I understand that if I choose not to follow the agreement, my account will be referred to a collection agency, my credit rating will be blemished and I will be responsible for any fees incurred.**

By refusing to sign the financial agreement all charges must be paid in full at each visit. If you have insurance, we will send in the claim as a courtesy and have your insurance reimburse you directly.

Print Name

Witness

Signature

Date