



FINANCIAL AGREEMENT

Our primary goal is not to allow the cost of treatment to prevent you from receiving the quality care you need or desire. Our office will strive to maximize your insurance benefits and we also offer third party financing options for treatment costs.

We accept the following forms of payment: Cash, Check, Visa, MasterCard, Discover, and American Express. In addition, we accept CareCredit, GreenSky, and Lending Club. These patient payment programs offer a full range of deferred/no interest and extended payment plans for treatment. Payment for services is due at the time services are rendered. Checks that are returned for any reason are subject to a \$35 returned check fee.

Your insurance policy is an agreement between you and your insurance company; we ask that all patients be directly responsible for all charges. Your **estimated** co-payment, co-insurance, and/or deductible is due at the time of service. We are happy to submit the claims necessary to help you receive the full benefits of your coverage; however **we cannot guarantee any estimated coverage.** Please know that we will do everything possible to see that you receive the full benefits of your policy.

Our fees are based on the quality materials we use and the time, effort, and skill required in performing your needed treatment. We charge what is the usual and customary for our area and experience of our doctors. We will be sensitive to your financial circumstances and do everything possible to help you achieve oral health. Ultimately, however, you are responsible for payment regardless of any insurance companies' limitations or arbitrary determination of usual and customary rates.

Our practice is dedicated to quality care and exceptional service. Our doctors and team spend extensive amounts of time preparing for your visit. Broken and missed appointments create scheduling problems for our team as well as other patients. If you find you must change your appointment, we require a notice of at least 2 working days so that we may make every effort to accommodate other patients. If the 2 working days' notice is not received, a fee will be charged.

We would be happy to discuss our charges and how they relate to your particular situation. Most often, financial misunderstandings can be managed with a phone call. Please feel free to contact our staff at any time to discuss any concerns.

I have read and agree to the Financial Policy of Periodontal Associates.

Date: _____

Signature of Patient or Responsible Party: _____