

# America's Family Dental ★ FINANCIAL POLICY

This is an agreement between America's Family Dental as creditor and the patient or debtor named on this form. In this agreement the words "you", "your," and "yours" refers to the Patient/Debtor. The word "account" refers to the account that has been established in your name to which charges are made and payments are credited. The words "we," "us," and "our," refer to America's Family Dental located in Tomball, Texas. **By executing this agreement, you are agreeing to pay for all services that are received.**

**Payments:** It is not our policy to make in house payment arrangements. You must pay in full at the time services are rendered. Any appointment scheduled for 1½ hours or more will be considered a major appointment, and will require pre-payment.

**Payment if you have insurance:** Please be aware that we will file dental claims with your insurance carrier only when eligibility has been verified. **Insurance verification does not guarantee that your carrier will pay for your services.** As a courtesy, we will give you a good faith estimate of the carrier's payment and your out of pocket expenses based on the verification information we have received.

- ◆ You must pay your deductible and all out of pocket expenses on the day that treatment is rendered. You will be required to pre-pay your deductible and at least ½ of your out of pocket expenses for any major appointment (1½ hrs or more.)
- ◆ You may choose to pay for all of your treatment at the time of service and we will have the insurance carrier send payment directly to you.
- ◆ **Insurance must pay within 90 days or the balance becomes your responsibility.**

Insurance is a contract between you and your insurance company. We are NOT a party to this contract. We will bill your primary insurance company as a courtesy to you. Although we will estimate your insurance company's payment, it is the insurance company that makes the final determination upon processing your claim. You agree to pay any portion of the charges not covered. If your insurance 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 payment from the insurance company.

**Payment if you have no insurance:**

- ◆ You must pay on the day that treatment is rendered. You will be required to pre-pay at least ½ of your estimated expenses for any major appointment (1½ hrs or more.)
- ◆ On extensive treatment, you may prefer to secure a third party financing party for the entire amount and make payments to the lending institution. For your convenience, we do have applications in the office for Care Credit and The Dental Fee Plan by Capital One.

**Statements:** If you have a balance on your account, we will send you a statement. It will show separately the previous balance, any new charges to the account, the financial charge if applicable, and any payment or credits applied to your account. Unless other arrangements are approved in writing, the balance on your statement is due and payable when the statement is issued, and is past due by the end of the month.

**Use of Composite Fillings:** We do not use amalgam (silver) fillings. We believe the composite (white) material that we use to be a far more superior material. We will match the shade of the composite material to the remaining tooth structure as well as to the surrounding teeth. Many insurance companies will cover only amalgam fillings in posterior (back) teeth. You will be responsible for the fee difference between the insurance company allowance for the amalgam fillings and our price for the composite fillings.

**Returned Checks:** There is a fee of \$50.00 for all checks returned by the bank.

**Missed Appointment Fee:** Patients who fail to provide 24 hours notice or no show for an appointment will be charged a \$50.00 fee per hour(s) of scheduled time. We understand that your time is very important and we ask that you respect the time of the other patients and our doctors as well. When you schedule an appointment we reserve our time to devote 100% of our attention to your needs. If you cannot keep your appointment, please provide at least 24 hours notice so that we may give this time to another patient. We strive to get each patient back at their appointed time. In order to stay on schedule throughout the day, we will re-schedule your appointment if you arrive 15 minutes or more past your appointment time. The missed appointment will be considered a no show appointment.

**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 the American Credit Bureau, there is a \$50.00 collector's fee, which will be assessed to your account. In addition, you agree to pay all legal fees and court costs which will incur.

**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 person or parent authorizing treatment becomes responsible for that subsequent account. 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. All payments will be required on the date of service. The authorizing parent is responsible for all payments, we will not send out statements to a 3<sup>rd</sup> party for reimbursement.

**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 effective.

---

Responsible Party

---

Signature

---

Date

Dependents Listed on Account: \_\_\_\_\_