

HINTON FAMILY DENTAL FINANCIAL POLICY AND AGREEMENT

We, at Hinton Family Dental, are committed to providing you with the best care possible. As a condition of your treatment by this office, financial arrangements must be made in advance. Our dental practice is a small business. As such, the practice depends upon reimbursement from our patients for the costs incurred in their care to remain viable. We hope that understanding our financial policy will help to avoid any misunderstandings as we provide for your dental needs.

- 1) You are responsible for your own dental bill. Please READ AND UNDERSTAND your own policy. As a courtesy, our office will submit your dental bills to your insurance carrier. However, Hinton Family Dental cannot render services on the assumption that our charges will be paid in full by any insurance company.
- 2) Patients who have co-payment insurance plans MUST pay 100% of estimated co-payments at the time services are rendered. If any additional copayment is due after settling with insurance this will be your responsibility. Payment within 30 days of your statement is expected.
- 3) Not all services are covered by insurance benefits. Patients who elect for cosmetic or non-covered procedures are required to pay 100% of those charges at the time the services are rendered. We will try to notify you if a procedure is not covered when this information is available to us. Due to wide variations in individual policies we may not be able to determine eligibility on all codes so it is your responsibility to read and understand your policy.
- 4) CROWN, BRIDGE, DENTURE, PARTIAL DENTURE AND IMPLANT SERVICES: Patients must pay 50% of charges at the time of services regardless of insurance coverage. Any remaining portion must be paid before delivery of final appliance.
- 5) CASH PATIENTS: Patients without insurance are required to pay 100% at the time services are rendered.
- 6) ALL BALANCES MUST BE RESOLVED WITHIN 90 DAYS. A finance charge of 1.5% per month (annual percentage rate 18%) of the unpaid balance will be added monthly on all accounts exceeding sixty (60) days from the date of service.
- 7) We reserve the right to charge \$35.00 per hour for any appointment cancelled or broken without 24 hour notice.
- 8) ALL EMERGENCY dental services, or any dental services performed without previous financial arrangements, must be paid for at the time services are rendered.
- 9) Should collection become necessary, I agree to pay a collection fee of up to 40% and all legal fees of collection, with or without suit, including attorney fees and court costs. In the event my account becomes delinquent I understand that financially identifiable information concerning my account will be released to the dentist's collection agency or collection attorney should collection procedures as described become necessary.
- 10) For your convenience we offer several payment options. If you have any questions concerning financial arrangements or need special arrangements, please ask for assistance. If financing is needed, we can assist you in applying for this through a partner company, CitiHealth Card or CareCredit. All financing must be arranged PRIOR to treatment.

By signing below I acknowledge the receipt of this FINANCIAL POLICY AND AGREEMENT. I hereby agree to abide by the conditions outlined herein. I agree to be responsible for payment regardless of any insurance company's arbitrary determination of usual customary rates for dental services. I further understand that failure to keep this account current may result in Hinton Family Dental being unable to provide additional dental services except for dental emergencies or where there is prepayment for the additional services.

Signature _____

Date _____

Print Name _____

Relationship to Patient _____

Witness _____