

## FINANCIAL AND PHOTO AGREEMENT

Printed Name of Patient:

\_\_\_\_ Printed Guardian if Patient is a minor:\_\_

## IF YOU HAVE INSURANCE:

When visiting our office for an initial consultation / exam you will be required to pay for the exam and we will bill your insurance with payment any payment going directly to you (Delta Dental is the only exception to this rule). When treatment is rendered, we will collect the estimated patient portion as determined by the information acquired from your insurance carrier. Please be aware that no guarantee of coverage can be given without a pre-authorization from your insurance carrier and any balance due after insurance pays will be your responsibility; including deductibles or any residual amount that insurance did not allow.

This office works hard to ensure that there is appropriate reimbursement from your insurance company for the dental services that are provided. Your insurance company is under contract with you and/or your employer. Should questions arise regarding your benefits, it is advisable for you to contact your insurance company directly. Regardless of insurance benefits, you (the patient) or your responsible party are responsible for ALL charges related to your care. We will provide your insurance with any information that they request, if they do not pay your claim within 90 days from the date of service, you will be sent a bill. Your payment is expected to follow within 30 days. We will promptly reimburse you for any credit balances that result if insurance pays after your bill is settled. If you are of legal age and someone other than your spouse is responsible for the charges, they must be present to sign their acknowledgement of this agreement.

## IF YOU DO NOT HAVE INSURANCE:

Payment for services are due at the time services are rendered unless <u>prior</u> arrangements have been made. We accept cash, money order, personal check <u>under \$250</u> (*no personal checks over \$250 accepted on the day treatment is rendered*), debit, Visa, Mastercard, Discover and American Express and HSA / FSA cards.

**To make treatment more affordable for our patients**, we offer third party, no interest payment plans up to 18 months and low interest financing for larger amounts that require longer term financing; through 3 different financial institutions. (Alphaeon, Care Credit or Lending Club) This will require an application to be completed by you and approval from the financial company applied for. We are usually able to have an answer within minutes. You may also apply at home over the phone or internet. *Financing must be in place prior to the day services are rendered.* 

## PAST DUE ACCOUNTS:

Past due accounts over 30 days are subject to interest charges of 1.5% per month, with a minimum finance charge of \$5.00 per month. Accounts with insurance pending will not be charged collection fees for the first 90 days. After 90 days, if your claim is not paid, you will be billed for the full amount owing and interest will be charged starting 30 days from the date that your statement is sent out.

Accounts that are past due will assigned to our collection agency, you will be charged a 30% collection fee, you will be charged for the court costs, finance charges incurred and all other related fees.

Checks returned by financial institutions for insufficient funds will be subject to a \$25 fee.

Although we do the very best we can to estimate your costs in our office, we NEVER guarantee it will be exact because of the many insurance variables that we cannot possibly account for.

Your signature indicates that you understand that you are responsible for all co-pays and deductibles required by your insurance plan; and that you also understand that you are responsible for services that are not covered by your insurance policy. Your insurance is a benefit to you and any unpaid balance after insurance pays is your responsibility.

Your signature acknowledges that you understand and accept the terms outlined above.

Patient or Guardian Printed Name	Patient or Guardian Signature	Date

Our doctors at EVP are also educators helping the dental community around us. Often times we take photos and/or videos of our cases as visual aids to help with our educational presentations and we will occasionally use them on our website or social media. We are always careful to protect our patient's identity when using photos and videos. Please mark below your preference for the use of your photos and videos.

**Yes** you may use photos and/or videos of my case.

**No** you may not use photos and/or videos of my case.