



# Financial Policy Agreement

We are dedicated to helping you keep your oral health and smile, healthy and beautiful for a lifetime. Our staff believes it is important to provide our patient with both the highest quality dental care in an affordable fashion. We will gladly devote the time and attention to explain all dental procedures, associated fees, financial payment options prior to beginning treatment. By executing this agreement, you are agreeing to pay for all services that are received.

Please initial on the line in front of each section after reading the section.

\_\_\_\_\_ **Payment Options:** we are pleased to offer the following Flexible Financial Payment Options

1. 5% Pre-pay Courtesy Discount
2. Cash, Checks, Money Orders
3. Visa, Master Card, American Express, Discover
4. Care Credit and Springstone Healthcare Financing
5. Dental Insurance

\_\_\_\_\_ **Dental Insurance:** we are an "Out of Network" office and are happy to process any insurance claim as a courtesy to you at no charge to help maximize your reimbursement. Any estimate we provide to you is only an estimate and it is the insurance company that makes the final determination of your eligibility. **Your dental plan is based upon a contract between your employer, the insurance company, and you – Not Rider Dental. Therefore, you are responsible for any charges not covered or paid by your insurance.** If your insurance company has not made payment on your dental claim for 60 days, you are responsible for the balance.

\_\_\_\_\_ **Monthly Statement:** If you have a balance on your account, we will send you a monthly statement showing previous balance, new account charges, finance charges (if any) and payments ore credits applied. Unless a written payment agreement is in place, the balance on the statement is due and payable when received, and is past due if not paid by the end of the month.

\_\_\_\_\_ **NSF Checks:** NSF checks will incur an additional **\$25 charge** to the unpaid balance.

\_\_\_\_\_ **Past Due Accounts:** If your account becomes 90 days past due and no written payment agreement is in place, your account will be referred to a collection agency. You will be responsible for all collection costs, lawyer's fees, and court costs incurred as a result of the process.

\_\_\_\_\_ **Divorce:** In case of divorce or separation, Louisiana Community Property Laws state the party (husband & wife) responsible for the account prior to the divorce or separation, remains responsible for the account. After divorce or separation, the parent authorizing treatment for a child will be the responsible party for the subsequent charges.

\_\_\_\_\_ **Transfer of Records:** To transfer/copy your dental record (charting, family file, payment history, xrays, etc.) a copying fee of \$1/per page plus \$10 for postage/handling fee will be applied to your account balance and will be paid in full prior to the release of your dental record.

\_\_\_\_\_ **Effective Date:** Once you have signed and dated this agreement, all the above terms and conditions will be in effect.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Responsible Party (if not the patient): \_\_\_\_\_