



# Our Financial Policy

Patient Name: Janet Smith

Date: January 4, 2004

Thank you for choosing our office for your dental needs. Dental treatment is an excellent investment in an individual's medical and psychological well-being. Financial considerations should not be an obstacle to obtaining this important, life-enhancing care. We are always available to answer your questions or assist you in any way we can.

All of our fees less than \$300 will be due and payable at the time treatment is rendered. We happily accept cash, personal checks, or credit cards (MC, Visa, American Express and Discover).

**For our patients with dental insurance:** We are happy to assist you in filing the necessary forms to help you receive the full benefits of your coverage. The insurance relationship constitutes an agreement between the carrier and the patient. As such, we can make no guarantee of estimated coverage or payment. Please know that we will do everything possible to see that you receive the full benefits of your policy.

## Payment Options

**Total Treatment Estimate:** \$3,844    **Insurance Estimate:** \$1,000    **Patient Portion Estimate:** \$2,844

**1. Prepayment Courtesy:**

We are happy to offer a 5% accounting courtesy for all treatment over \$500 that is paid in full prior to treatment commencing.

\$143  
Discount

\$2,701  
Adjusted Total

January 4, 2004  
Must Be Paid By

**2. Payment as Services are Rendered:**

If you wish to pay the estimated amount for treatment at the time services are rendered we gladly accept cash, personal checks and most major credit cards. Because we cannot guarantee your exact insurance coverage, there may be a balance remaining after insurance pays. Whenever choosing this option, we ask that you leave a credit card on file for any balance that may be owed.

**3. Monthly Payment Plans:**

**"Same As Cash" Interest-Free Credit Line**

Monthly Payments (up to 12 months) interest free.

\$ 237 (12/mo)  
Monthly Total

**Extended Payment Plan**

For treatment plans between \$1,500 & \$25,000.

Range: \$81 (48/mo) to \$185 (18/mo)

18-60 months duration.

No down payment required.

Payments as low as \$59 a month.

No pre-payment penalty.

**Automatic Monthly Bank Draft** in the amount of \$ 237 on the 1st of each month for 12 months.

**"Lay-Away" Plan**

Treatment commences after comfortable monthly payments are made which equal the estimated patient portion.

I, Janet Smith, understand that any insurance coverage estimate given to me by this office is not a guarantee of actual insurance payment. I also understand that I am ultimately responsible for all charges incurred for dentistry performed upon myself or my dependents in this dental office. Any insurance claim not paid in full after 60 days will become my responsibility to pay at that time.

Patient (or Responsible Party) Signature: Janet Smith

Date: January 4, 2004

Financial Coordinator Signature: Melody Johnson

Date: January 4, 2004