

# FINANCIAL & APPOINTMENT CONSENT FORM for DIAMOND RIDGE DENTISTRY

## Dental Insurance

- In order for us to timely file the claim and collect payment, we ask that the correct insurance information be provided at the time of your appointment. If this information changes, it is your responsibility to update our office immediately.
- We will go the extra mile to help you maximize your benefits. As a complimentary service, we will file your insurance forms for you. Your dental insurance is not designed to pay the entire cost of treatment, but it is intended to help cover a certain portion of the cost. **Regardless of what we may calculate your insurance company to pay, it is only an estimate.** Our estimates are based on limited information obtained by your insurance company. We cannot forecast what they will pay.
- Please note that any difference in payment from your insurance company and your account balance is your responsibility. **We emphasize that as dental care providers, the financial obligation for dental treatment is with you, NOT your insurance company.**
- **All expected insurance balances remaining unpaid after 45 days from the date of service become the immediate responsibility of the patient and/or account holder.**

## Payment. Co-pays & Deductibles

- **Payment for co-pays and/or deductibles is due at the time services are provided.**
- Payment may be paid by cash or check with a 5% cash/check discount for balances over \$500.
- We accept Visa, MasterCard, Discover or American Express.
- Our office also accepts payment through CareCredit. CareCredit is bank financing for qualified applicants who prefer additional time to pay their balance. It is a revolving line of credit through an independent financial institution. It is designed to meet the needs of our patients and is ideal for extended treatment plans, elective procedures, emergency care, and treatment not covered by insurance. CareCredit has financing options available that include 6 and 12 month interest free payment plans, as well as an extended payment plan.
- We will gladly discuss your proposed treatment, financial options, and any other questions you may have.

## Account Balances & Charges

- If a balance remains on the account after 120 days, the account will be sent to a collection agency. Additional collection fees will be applied to any unpaid balance.
- Any attorney or collections fees incurred due to delinquency in payment will also be charged to the patient.
- Any personal check returned unpaid or with non-sufficient funds (NSF) will incur charges to recover the face amount of the check, a \$25 processing fee and \$30 NSF check fee to absorb bank charges to our office.

If financial problems occur, we ask that you contact us promptly for assistance in the management of your account.

## Cancellations & Broken Appointments

In an effort to keep dental costs down while maintaining a high level of professional care, we respectfully request a **24-hour cancellation notice**. Your scheduled time has been saved only for you and the doctor or hygienist. Due to staff overhead that occurs in broken appointment slots, we reserve the right to charge a \$50 cancellation fee if a 24-hour notice is not given. We appreciate your efforts to keep scheduled appointments.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION. I ACKNOWLEDGE THAT I AM RESPONSIBLE FOR ALL CHARGES INCURRED FROM SERVICES RENDERED BY THE DOCTORS AT DIAMOND RIDGE DENTISTRY.

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Signature of patient / parent / legal guardian

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Date