FINANCIAL AGREEMENT

Columbia City Dentists

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 health service.

We request that payment arrangements be made prior to beginning your treatment. Being sensitive to the fact that people have different needs in fulfilling their financial obligations, we would like to provide you with a choice of several payment options:

PAYMENT OPTIONS

□ **Prepay for a 5% Discount**

- Patients who do **NOT** have dental insurance will receive a discount on treatment costs exceeding $300 when paying prior to treatment with **CASH or CHECK**.

□ **Payment in Full**

- Payment in full is to be made by cash, check, Visa, MasterCard, or Discover card at the **t**ime of service.

□ **Care Credit**

- Credit card for health care costs
- Interest free payment plan of 6 months with low payments
- Interest retroactive at 26.99% if not paid in full within the interest free period
- Applications available in the office or apply online at www.carecredit.com

INSURED PATIENTS: Payment for fees not covered by insurance is due within 10 days after we receive the insurance payment. Your insurance company will first send you an Explanation of Benefits, so you will know what the insurance payment and your portion will be.

I authorize the Doctor and staff to perform any and all forms of treatment, medication and therapy that may be indicated in connection with me or my dependents' treatment.
I understand that I may be charged a $30 fee if I fail to cancel an appointment without 24 hour notice. I understand credit bureau reports may be obtained. In the event of default, I agree to pay a 30% collection fee on any outstanding balance; in addition to interest, court costs, and reasonable attorney fees.
Please sign below stating you have read the above information and understand the payment options.

_____

Print Patient Name

_____

Patient Signature (*or parent/guardian if patient is a minor)*

Date: _____ / _____ / _____

Rev 12/9/18