



This is an agreement between Drake Dental, as creditor, and the Patient/Debtor named on this form. By executing this agreement, you are agreeing to pay for all services that are received. **Payment in full for your portion is expected at the time of scheduling.** All insurance co-payments and deductibles are expected at the time of scheduling.

Payment Options

1. We gladly accept cash, Visa/Mastercard, HSA card or check (for existing patients with established payment history). There is a \$35 fee for any checks returned from the bank.
2. If you are in need of extended financing, we are pleased to offer a third party financing option through Care Credit for those who qualify.
3. All estimated patient copays are due when reserving your appointment time.

Insurance: Your dental benefits (insurance) are based upon a contract made between your employer and an insurance company. We are not a party to this contract in most cases. As a courtesy, we bill your insurance company. We currently accept all private care insurance plans. This means that we work with literally hundreds of companies. Although we can maintain computerized histories of payment by a given company, they do change; therefore it is impossible to give you a guaranteed quote at the time of service. We estimate your portion based on the most up-to-date information we have, but it is **ONLY AN ESTIMATE**. If you would like a more accurate insurance benefit estimate, we encourage you to contact your insurance carrier. We follow up with insurance companies if payment has not been made after 30 days to make sure they have all needed information to process the claim. However, if your insurance does not pay within 90 days, Drake Dental will request payment in full from you for the services and let you collect the insurance funds that are due to you from your insurance provider. Ultimately, you are responsible for all charges incurred in our office.

Verification: We make every attempt to verify your insurance benefits prior to your appointment. It is imperative that you contact us with any insurance changes at least 2 business days prior to your appointment. If we do not have your current insurance information at **LEAST 2 BUSINESS DAYS** prior to your scheduled appointment, we kindly ask that you pay for your appointment in full. We will then provide you with the information to submit your claim for reimbursement.

Finance Charge: A finance charge will be imposed on balances not paid within 30 days of the time the item was added to the account. The **FINANCE CHARGE** will be computed at the rate of one and one half percent (1.5%) per month or an **ANNUAL PERCENTAGE** rate of eighteen percent (18%). The finance charge on your account is computed by applying the periodic rate (1%) to the overdue balance of your account. The "overdue balance" of your account is calculated by taking the balance owed thirty (30) days ago, and then subtracting any payments or credits applied to the account during that time. The minimum finance charge is \$0.50.

Credit History: We have the option to report your overdue account status to any credit reporting agency such as a credit bureau.

Broken Appointment Fee: Patients who do not show up on time for an appointment or cancel with less than 2 business days' notice will be charged a **fee**. This fee must be paid before a new appointment is scheduled. Patients with three missed appointments will be asked to transfer their records to another dental office.

Patients Name: _____

Responsible Party (if not the patient): _____

Signature: _____ Date: _____