



R I D G E C O M M O N S

FAMILY DENTISTRY

4100 S Ridge Rd Suite 103 | McKinney, TX 75070 | P: (972) 972-8782 | F: (972) 972-8784 | hello@rcfdentistry.com

FINANCIAL AGREEMENT

Thank you for choosing Ridge Commons Family Dentistry as your dental care provider. Our greatest concern is your complete oral health. Anything we do or say will be centered on that philosophy. It is suggested that each patient is seen every six months (or as needed) to ensure this preventative philosophy is met. We are committed to your treatment being successful, and to the return and maintenance of your good oral health. Please understand that payment of your bill is considered part of that treatment. The following is a statement of our Financial Agreement:

Initials _____ **PAYMENT FOR SERVICES RENDERED:** Patients are responsible for payment of all services rendered on their behalf or their dependents. Payment is due at the time of service unless other financial arrangements have been made in writing in advance.

Initials _____ **INSURANCE ASSIGNMENT:** We may accept assignment of insurance benefits; However, most insurance plans do not cover 100% of the fees charged and requires a deductible, which must be satisfied before any insurance benefits can be received. Please keep in mind that under the provisions of your insurance plan(s), some of the recommended treatments are not considered reasonable and necessary and are not covered. In this case, it is the patient's responsibility for the charges in full for the treatment rendered. We require that all deductibles, co-pays, and/or any percentage of the bill that the primary insurance carrier does not cover, be paid at the time of service. If your insurance company has not paid your balance in full within 90 days, the balance will automatically be transferred to your account, and you will be responsible for the balance owed. This office cannot render services on the assumption that our fees will be paid by your insurance company. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. It is physically impossible for us to have knowledge and keep track of every aspect of your insurance. It is up to you to contact your insurance company and inquire as to what benefits your employer has purchased for you. As a courtesy to you, our office provides certain services, including a pre-treatment estimate, which we send to the insurance company at your request. If you have any questions concerning the pre-treatment estimate and/or fees for service, it is your responsibility to have these answered prior to treatment to minimize any confusion on your behalf.

Initials _____ **INSURANCE FACTS:** Some insurance companies set their fee schedule unrealistically low to limit the amount they must pay in benefits. This does not mean that our fees are too high. We set our fees according to a national dental fee survey. Most insurance companies have a yearly deductible. You will need to know what your deductible is and pay that amount before your insurance company will begin to pay benefits.

Initials _____ **DEFAULT ON PAYMENT:** In the event that there is a default on payment, the patient (guardian) promises to pay any and all collection costs and attorney fees as may be required to effect collection of this account.

I have read, understand and agree to the terms and conditions of this Financial Agreement.

_____/_____/_____
Signature of Patient or Parent/Legal Guardian Date

