



SERENITY DENTAL

Thank you for choosing Serenity Dental! In an effort to better serve you, we would like to take the time to explain the financial policy in our office. It is our goal to provide you the best possible dental care for you and your family. We have different financial options available to fit your budget. Our dental office accepts the following forms of payment: cash, personal checks, debit cards, major credit cards (Visa, MasterCard, Discover and America Express), and Care Credit.

We are pleased to offer different payments options including low or no interest payments. Our team is happy to assist you to choosing and qualify for a payment option that best fits your needs. Regardless of the payment option arranged the following terms will apply:

- 1. Payment as arranged is due in full at each visit.
2. If you have insurance benefits, we will manage your account as follows:
a. You must provide us with accurate insurance billing information prior to your appointment...
b. We will research your benefits and estimate coverage based on our insurance expertise. We do not guarantee our benefits estimates to be correct and are not responsible for benefits that are not paid exactly as estimated.
c. If we cannot reasonably estimate secondary insurance coverage, the office will accept assignment for only the primary insurance coverage.
d. You are responsible for paying deductibles, estimated co-payments, and all charges not covered by your insurance plans...
e. Information requests to your from the insurance company and/or our practice must be promptly responded to.
f. The office will submit a claim to an insurance company up to two times per appointment for the purpose of obtaining payment.
g. You are responsible for insurance balances in full after 60 days; even if your insurance company has not paid; further insurance appeals beyond the 60-day period are your responsibility.
h. Insurance benefits are a contract between you and your insurance company, they are not determined by your dentist. We do not recommend treatment based on what the insurance company says or will pay, but rather what treatment is needed for optimal oral health.
i. If your balance after insurance payment is under \$5 it will be collected on your next visit to our practice.
3. If payments to your account result in a credit balance, we will maintain the amount on your account to be used towards future services.
4. The practice cannot carry balances longer than 90 days.
5. A service charge of \$25 for all returned checks will be assessed.
6. For minor patients of divorced parents, the parent who initially brings the child in for treatment is considered to be financially responsible to our practice.
7. We request 2-business days' notice for any change in your scheduled appointments. Please be aware that our office is closed on Wednesdays.
8. You are responsible to pay a deposit for scheduled dental treatment. The deposit fee will be determined as follows: \$75 for the first hour of the appointment; \$25 for each additional 30 mins.

AGREEMENT: I have read, understood and accept the financial agreement outlined above. I understand that this agreement applies to all patients in my account. AUTHORIZATION: I authorize Serenity Dental staff to submit claims for payment for services to my health care service plans, insurance companies, or other benefit programs on my behalf. I assign to Serenity Dental insurance benefits otherwise payable to me. This financial agreement and authorization shall remain in effect as long as I receive dental services from Serenity Dental. AGREED TO AND

AUTHORIZED BY:

Table with 2 columns: Printed name of patient/parent/guardian, Signature of patient/parent/guardian, Patient Name (if under 18), Date: