

## Leipnitz Dental Clinic Financial Agreement

We pride ourselves in being honest and transparent with our patients. Therefore we provide you with our financial policy to insure no misunderstandings arise regarding the payment of your dental care. We strongly suggest you read through all of it in order to avoid any upset in the future. You are welcomed and encouraged to request a copy of this document.

### Payments

We accept Cash, Personal Checks, Visa, Mastercard, American Express, Discover

For your convenience, we also accept CareCredit. CareCredit is a third party that allows you to make monthly payments to them for treatment with deferred interest for a certain amount of time for qualifying treatment. For more information on CareCredit ask our Office Manager or go to their website: [www.carecredit.com](http://www.carecredit.com)

Personal checks returned to our office from your financial institution are subject to a returned check fee. This fee covers the bank charge.

Unpaid balances will have an 18% monthly finance charge applied.

**Balances past 90 days will go to collections.**

### Insurance

Any insurance you provide is an agreement between you and your insurance provider. We are not party to this agreement. **Any estimate of what your insurance may cover is not a guarantee of coverage.**

Your insurance will have final say on what will be payed, stipulations, limitations, and downgrades. All charges not paid by your insurance company are your responsibility regardless of the reason for nonpayment. Not all services we provide are covered benefits. Benefits differ from company to company. As a courtesy, we will file your insurance on your behalf. We have no control over the terms of your contract, the method of reimbursement, frequency of services allowed or the determination of your benefits. Some or all of the services provided can be defined by your insurance company as “not covered”, “denied”, “over UCR”, or “out of network”.

Treatment provided in another dental office during your current plan may alter your co-payment due for services in our office. In such cases we are not able to track whether or not you have reached your yearly maximum benefits. Please call your insurance company if this applies to you.

Please understand that our responsibility is to provide you with treatment that best meets your needs, not to try to match your care to insurance plan limitations.

### Broken or Missed Appointments

To reschedule or cancel an appointment, you must notify us at least 24 hours in advance to avoid a missed appointment fee of \$50.00. We reserve the right to terminate professional treatment of any patient when scheduled appointments are not kept.

**I have read and understand this document in its entirety, outlining the office and financial policies of Leipnitz Dental Clinic and agree to these terms.**

**Signature of patient or parent/guardian** \_\_\_\_\_

**Date** \_\_\_\_\_