



FINANCIAL POLICY AGREEMENT

Our mission is to deliver the finest most cost effective Dental Care available today. Following diagnosis, the Dentist will advise you on a plan for treatment (Treatment Plan). Additionally, we will discuss with you the cost of today's visit and any future treatment.

Payment for today's visit and your future visits are due at time of treatment. We accept cash, check, Visa, MasterCard, American Express, and CareCredit Financing. We reserve the right to add a transaction fee to cover any merchant costs above 3% of the transaction.

Insurance

In an effort to make general dentistry more affordable for you, we participate in some PPO (Preferred Provider Organization) type programs. PPO's are preferred providers which entitle the participant to contracted reduced fees according to their plan fee schedules. Many plans pay fixed allowances for certain procedures while others pay a certain percentage of the charge. "Reasonable and Customary Fees" are determined by your insurance carrier and may vary greatly between carriers. **It is YOUR responsibility** to pay any deductible, co-insurance or any other balance not covered by your insurance. Please be aware that some, and perhaps all, of the services provided may be non-covered services, and not considered reasonable and necessary by your insurance carrier. You are financially responsible for any and all charges not paid by your insurance.

Your insurance policy is a contract between you and your insurance company. The estimate provided by our office is considered as a guideline until final insurance payment, if any, is received and the patient's account has been paid in full. **We make no guarantee of the insurance payment as estimated.**

As a courtesy, we will file insurance claims for you; however, this does not substitute for payment owed by you. Claims are submitted promptly after treatment is rendered, and if not paid by the patient's insurance company by the **60th day** after treatment is rendered, **the total outstanding account balance will be billed directly to the patient.**

Finance Charges, Fees and Collections

There will be a finance charge applied to all accounts over 90 days regardless of any financial arrangements that have been made. Past due accounts may be referred to collections if the balance is not paid in full in the 90 day time frame, unless financial arrangements have been made and the terms adhered to.

You acknowledge and agree, by your signature below, that our representatives, ancillary providers, HIPAA business associates, vendors, and the representatives of our debt collection agency, may contact you by telephone, at any number associated with your account, including wireless telephone numbers, which could result in charges to you. Contact may include sending text messages, or emails, and using any email address you provide to us. Methods of contact may include prerecorded/artificial voice messages and/or use of an automatic dialing device as applicable. All fees incurred by the practice in effort to collect a patient's debt, including all attorney fees, may be recovered by the practice.

If the patient is a minor or dependent, the person/parent/guardian that brings the patient for care is responsible for all co-pays, co-insurance, and deductibles. Our practice is not part of any divorce decrees.

Appointment times are reserved for your specific care and treatment. There will be a fee charge for cancellations made with less than a 24-hour notice, as well as not showing for your appointment.

Acknowledgment and Agreement

By signing below, I acknowledge that I have read, understand and agree to the terms of this Financial Policy Agreement. I understand that I am financially responsible for all charges whether or not my insurance covers them. I hereby assign my insurance benefits be paid to Phye Family Dentistry, PA and authorize the Dentist to release to my insurance carrier(s), any and all information required to process any claim(s).

Patient (or Parent/Guardian) Signature: _____ Date: _____

Print Name: _____