Appointment & Financial Agreement:

Thank you for choosing our office to provide your dental care. We consider it a great honor to have been chosen to do so. We are committed to providing our patients with the best possible care. Our philosophy is to work hard, be honest and care.

This financial agreement is indicative of our respect for your right to know ahead of time what our expectations are in the area of finances. Please do not hesitate to ask if you have any questions or concerns about our Financial Agreement.

Dental insurance:

Please remember that your insurance policy is a contract between you and your insurance carrier. We will, as a courtesy, bill your insurance and help you receive the maximum allowable benefit under your policy. We have found that patients who are involved with their claims are more successful at receiving prompt and accurate payment services from their insurance carrier. We do expect patients to be interactive and responsible for communicating with your insurance carrier on any open claims.

All charges that are not paid by your insurance company are your responsibility regardless of the reason for nonpayment. Not all insurance companies will send the insurance payment to our office; they send it to the subscriber. If this is the case with your insurance, payment is due at the times services are rendered. Not all the services we provide are covered benefits. Benefits differ from one company to another. Fees for non-covered services, along with deductibles and copayments are due at the time of treatment. If you have dental insurance, it is your responsibility to tell us before treatment is rendered.

Please be aware that **out-of-network** insurance carriers often prohibit assignment of benefits and may try to limit their financial liability with arbitrary limits, exclusions, or reductions such as reasonable and customary or usual and prevailing reductions. Our fees are well within such ranges and although we will assist in the filing of an appeal if these limitations are imposed, you as the guarantor are responsible for all **out-of-network fees.** If we are not contracted with your insurance carrier, we cannot negotiate reduced fees with your carrier.

Although we may estimate your insurance benefits, please keep in mind, these are only estimates. Knowledge of benefits, as well as benefit amounts, limitations, exclusions, waiting periods, etc. is entirely **YOUR** responsibility. Receiving our services indicates your acceptance of responsibility to pay regardless of our insurance estimate.

Payment and Co-pays DUE at the time of scheduling:

Unless prior written arrangements have been made with our office, payments and copayments are expected at the time of scheduling. This will include patients with an in-house membership.

Minor patients: (SLim Dental Kids)

The parent/guardian scheduling the appointment accepts financial responsibility for the appointment and it is expected that the payment/co-payment will be paid at the time of service, by the parent/guardian accompanying the child, without any exception. The Parents/Guardians need to discuss (between themselves) financial arrangements prior to the minor's appointment. We ask that you do not put our office in the middle. Payment is expected at each visit for services rendered

unless prior written arrangements have been made with our office.

Payment Policy:

We accept cash, personal checks, debit cards, Health Flex Savings cards, Visa, MasterCard, Amex, Apple Pay and Discover.

****Returned NSF Checks****

All returned Non-Sufficient Funds checks will be assessed a $40.00 charge applied to your account per returned check to cover our office staff's time and the bank's expense for these transactions. Once the check has been returned to NSF, we will NO longer accept your checks. We will accept cash or credit cards only from that point on. We apologize for any inconvenience this may cause you. At the same time, we sincerely hope that you understand and are sympathetic to our cause as well.

Finance charges and collection fees:

All balances are due on time. Finance charges will be applied to all balances not paid within 30 days of the monthly billing date. A late charge of 1.5% on the balance, then unpaid and owed, will be assessed each month until paid. It is your responsibility to ensure your insurance company pays promptly so you can avoid finance charges.

We acknowledge that temporary financial issues may prevent you from paying your balance on time. In such cases, we encourage you to notify us as soon as possible so that we can assist you in managing your account.

Overdue balance:

An account with an unpaid balance past 90 days will be sent to our collection agency. At that time, you will be responsible and agree to pay for all costs incurred in collecting your debt: interest on the unpaid balance from the last date of service, attorney fees, court fees, and any other fees associated with collecting your debt.

Broken or missed appointment:

Appointments not kept or changed with less than 48 hours' notice are considered broken. Broken appointments prevent others from receiving the dental care they deserve. Please be considerate and inform us in advance if you need to change your appointment.

Fee for missed appointment if 48-hour notice is not given: To reschedule or cancel an appointment, you must notify us at least forty-eight (48) hours in advance to avoid a missed appointment fee of $50, and if you miss your appointment the second time, you will be charged 15% of your treatment cost. In addition, we reserve the right to terminate the professional treatment of any patient when scheduled appointments are not kept.

Appointment Policy: Once an appointment has been made, please remember this time has been reserved exclusively for you. A room is reserved, your records are prepared, and special instruments are readied for your visit. Except for emergency treatment, you can expect us to be prompt. We, of course, would appreciate the same courtesy from you. Appointments canceled or failed without two business days' notice are subject to charge. Repeated cancellations or missed appointments will result in loss of future appointment privileges.

Consent & Authorization: By scheduling appointments in SLim Dental office, I authorize dental treatment for myself and/or minor child, and agree to pay all related professional fees. I have read and understand this document in its entirety, outlining office policies and financial policies of SLim Dental office. Without any reservations, I agree to abide by the policies outlined herein. By signing below I certify that I understand and agree to the above statement.

Form completed by:

Name (Print) _____ Signature _____

Relationship to patient _____ Date _____

Reviewed by staff member _____ Date _____

Please list minor patients that are on your account.