

Financial Agreement

Douglas W. Beals, DDS, MS, PC

Our office understands the value of insurance benefits, and we are happy to assist you in filing the necessary forms. This is done as a courtesy to our patients and there is no guarantee of coverage. The insurance carriers base the amount of benefit on a fee schedule that they arbitrarily develop. For this reason, you may receive less of a benefit than we estimate for you. Your insurance policy is an agreement between you and your insurance carrier; therefore, all patients are directly responsible for all charges. Once your insurance carrier has paid, you will be responsible for any difference upon receipt of our statement. If for any reason your insurance carrier has not paid within 60 days from the date of treatment, you are responsible for the entire balance at that time. In addition, the unpaid balance may be subject to 18.0% annual percentage rate (APR) interest charge.

In the event of default, legal interest on the indebtedness, collection costs (which could be as much as an additional 50%) and related attorney's fees could also be added.

CHILDREN OF DIVORCED/SEPARATED PARENTS

Unless you give us a signed, notarized court order to keep on file, the parent who brings the child in for their visit will be considered ultimately financially responsible for that visit. Anyone else who might bring your child in for a visit also assumes this responsibility. We will entrust you to tell us whom the bill needs to go to for any remaining balance after insurance pays. Please keep in touch with the office whenever financial responsibility changes for your child. We will work with you as much as possible.

We thank you for understanding our financial policies. This has become necessary in order to continue to accept insurance plans without having our patients pay the balance up front and then wait themselves for reimbursement from their insurance company. Our goal is to make your visit with us pleasant and professional. If you have any questions, please feel free to ask or call for assistance. Thank you again for choosing us for your care.

I have been given a copy of the financial policy and agree to be bound by its terms. I also understand that such terms may be amended from time to time by the practice, at which time the practice will give me verbal/written notification of such amendments.

Payment Options and Methods

I. Prepayment Courtesy (Prepayment of Treatment in Full):

We are happy to offer a prepayment courtesy discount of 5% for treatment paid in full at least 72 hours prior to treatment. The treatment cost must exceed \$100.00. This courtesy requires that **the patient file and accept his or her own insurance and payment must be made by cash only.**

II. Financing:

For those patients wishing to extend payment over a period of time, we do accept "Care Credit". This will allow you to make monthly payments, much like a credit card. You may apply for this in our office, over the phone or online.

We accept the following: MasterCard, Visa, American Express, Discover or Cash. We also accept the "Care Credit" payment method described above.

WE DO NOT, UNDER ANY CIRCUMSTANCES, ACCEPT CHECKS.

I understand my financial obligation as outlined above. I am aware that any balance outstanding over sixty (60) days is my responsibility and will incur 18.0% APR finance charges. The treatment plan has been explained to me and I have agreed to the terms as listed.

Patient/Responsible Party Signature

Douglas W. Beals, DDS, MS, PC

Date: _____

Date: _____