

THANK YOU FOR CHOOSING OUR OFFICE!

After Dr. Almaraz, Dr. Syndergaard or Dr. Bauerle has established a treatment plan, we will review the fees for the recommended treatment with you.

THE FOLLOWING ARE OUR PAYMENT GUIDELINES

There is a fee for the first visit/exams. We collect in full at the time of initial visit. We do accept: Visa, Master Card, Discover, American Express and Care Credit. We will accept personal checks, **if we have your social security number and a copy of a photo ID.** For a dental credit card, ask us about Care Credit.

- 1. FOR PATIENTS WHO DO NOT HAVE DENTAL INSURANCE:** Payment for treatment is due in full at the time of service.
- 2. FOR PATIENTS WITH DENTAL INSURANCE:** As a courtesy to you, we will process your insurance claims. **We must have the following: Insurance card, social security number, member ID number, group number and photo ID.**
Payment: Without pre-authorization from your insurance company, **we will collect in full.** If your **primary** insurance company has responded to our request for pre-authorization, we will collect the amount they estimate to be your responsibility, this includes those patients with 2 insurance companies. **We allow 30 days** for your insurance company to pay your claim. 45 days after treatment, all balances are due from you, even if insurance benefits are pending or have been pre-authorized. **A 1.5% finance fee** will be added to any balance 60 days or more past due. **Any balance 90 days** or more past due is subject to collection proceedings.
- 3. ___ Federal Blue Cross.** We do not contract with your insurance. **ALL FEES ARE DUE AT THE TIME OF SERVICE,** even if you have a secondary insurance company. Benefits are assigned to the patient. It will be your responsibility to provide our office with the explanation of benefits to bill your 2nd insurance.
- 4. Your periodontal hygiene** visits. Most insurance companies do not cover the full fee for these appointments, and therefore a co-pay is required for most hygiene visits.
- 5. Medicare recipients:** This office has opted out of the Medicare program.
- 6. Credit balances that occur will be refunded as soon as possible, or applied to your next scheduled appointment, per your request. A \$25.00 fee will be charged for any returned checks.**

NOTE: We are a specialty office; Patients need to continue to see their General Dentist routinely. **No fees for restorative treatment from the general dentist are included in any treatment plan from this office.**

By signing below, I indicate that I have read and understand the above information.

I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity, where applicable.

PRINT NAME

SIGNATURE

DATE

FINANCIAL AGREEMENT

1. I understand that if I do not pay my account with Carson Periodontics in full, that my account may be assigned to a collection agency for collection.
2. I understand that if my account is assigned to a collection agency, that the collection agency will charge a commission or fee that may be as much as 50% of the amount I owe to Carson Periodontics. I agree that if my account is assigned to a collection agency, that Carson Periodontics may add the amount of the collection agency's commission or fee to the amount that I owe Carson Periodontics and I agree to pay that additional amount.
3. I understand that the addition of a collection agency's fee or commission to my unpaid balance may well result in my owing a sum substantially in excess of the amount owed for (medical/dental) services.
4. I understand and agree that in the event legal action is commenced to enforce my obligations hereunder, that I will pay court costs and reasonable attorney's fees.

Signature of Patient or Guarantor

Date