FINANCIAL POLICY AGREEMENT

PATIENT'S NAME(s): _____

Thank you for choosing Precision Dental as your dental provider. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, Financial Policy, or your responsibility.

INSURANCE _____
Please note we do not accept nor participate with any HMO insurance plans.

As a courtesy we are happy to bill your dental plan for services, and help you maximize your dental insurance benefits. Keep in mind when we call your insurance and verify benefits it is not a guarantee of payment by the insurance company and may vary according to your individual plan when the actual claim is submitted.

Any treatment plan that our office proposes to you is an **estimate** of what your insurance coverage will be, it is not a guarantee. If you need an exact payment, we can submit a pre-estimate to your insurance at your request. **(This takes 6-8 weeks)**

Please understand that your insurance policy is a contract between you, your employer and your insurance company, Precision Dental is not a part of that contract. If your insurance plan does not pay within 120 days of treatment, you must pay any outstanding balance and seek reimbursement from your dental plan. Also remember dental insurance plans are not designed to cover all of your dental needs.

- I have chosen to allow Precision Dental to file my insurance and I accept full responsibly for this account and for all dentistry preformed upon my family in this dental office.
- I understand it is my responsibility to be aware of what type of dental plan I have.
- I understand Precision Dental cannot guarantee my insurance company will cover all services rendered and it is only an estimate of benefits.
- I understand that if my insurance company does not pay within 120 days of my date of service then I will become responsible to pay.

PAYMENT POLICY _____
You are responsible for full payment due at the time of service, if you need assistance a payment arrangement can be made with a credit or debit card on file.
If a credit or debit card is declined, your account will be subject to an NSF fee of $35.
Precision Dental does require a 50% down payment for all treatments involving lab fees, due before you schedule.
All treatment needs to be paid in full before final insertion.
Accounts become delinquent after 90 days of none payment, and are transferred to a collection agency.

We understand life gets busy and you can miss a paper statements, as a courtesy, Precision Dental will give you a phone call, and send a text message to remind you of a pending balance. It is your responsibility to update your address and phone number with us.

MISSED APPONTMENTS, CANCELLATIONS AND NO-SHOW POLICY _____
We do understand that unavoidable emergencies or circumstances do arise which may require you to cancel your appointment.
Please understand when you make an appointment, we reserve that time specially for you.
Please help us service you better by keeping your scheduled appointments. If we do not receive notice of your cancellation with a 48-hour notice or you no-show to your appointment, your account will be assessed a $100 cancellation fee for the office visit.

AUTHORIZATION
I authorize and give my consent for treatment to Precision Dental to perform diagnostic procedures and treatment as may be necessary for proper dental care. I understand that I will be responsible for financial balances resulting from treatment received. My signature below indicates that I have read and understand the Precision Dental Financial Policy Agreement.

Patient or Responsible Party Signature _____ **Date** _____