

..... ***Financial Agreement***

Dental treatment is an excellent investment in an individual's medical and psychological well-being. Dr. Paap feels very strongly that everyone deserves the highest quality dental care available, and with that in mind, we have several ways to make the treatment you need attainable.

We encourage and appreciate payment in full at the time of service. However, we are sensitive to the fact that in some instances this may not be an option. We offer financing programs to help you get the smile you want.

Payments can be made with most major credit cards, cash and check (under \$500). Long-term financing is also available with CareCredit.

We also offer short-term in-office financing (ninety days, with a signed agreement prior to beginning treatment), generous senior citizen discount for individuals over 65 (10%), and discounts on pre-payment of treatment over \$500 (7%).

For patients with insurance:

As a convenience to you, our office will bill your insurance (primary & secondary). We will do everything we can to make sure that you receive the maximum benefit from your insurance plan(s).

Please remember that your insurance allotment may not cover all dental costs. Most dental insurance plans are not designed to pay in full for all of your dental expenses, and often will not cover or pay in full for dental care that you need.

It is also important to remember that many decisions made by insurance companies have more to do with profit margins and stock holder dividends, and much less to do with your health. We place a much higher premium upon your health, and will only recommend what is best for our patients.

The insurance relationship constitutes an agreement between the insurance company, the employer, and the patient. It is your responsibility to pay any deductible, co-payment, or any other balance not covered by your insurance plan. If insurance has not paid within 90 days, we will request full payment from you.

We know questions can arise concerning insurance matters. We encourage you to discuss any questions you may have with us. We will do everything possible to answer your questions.

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Thank you for the confidence you have placed in us. We are complimented that you have chosen us for your dental care and we genuinely care about you. If you have any questions, please do not hesitate to ask.

Assignment & Release

I understand that I am financially responsible for all charges. I assign insurance benefits to Fort Hill Family Dentistry. I understand insurance payments are property of Fort Hill Family Dentistry. I hereby authorize the doctor to release information necessary to secure the payments of benefits. I authorize the use of this signature on insurance submissions.

Signature: _____ Date: _____