

FINANCIAL AGREEMENT AND CANCELLATION POLICY

We are committed to providing you with the best possible care and are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship.

Payment is due at time of service unless prior arrangements have been made. We accept cash, personal checks, major credit cards including Visa, MasterCard, Discover, American Express as well as approved payment plans through 3rd Party Administrators.

Insurance: If you have dental insurance, we will prepare and submit your dental claims as a courtesy to you. Dental insurance is a contract between you and your insurance company. It is your responsibility to understand the extent and limits of your coverage, and to provide the Oswego Dental Care team with accurate information to process your claim efficiently (i.e. group number, subscriber number, etc.). We will estimate your out-of-pocket portion and will collect the patient portion on the date of service. If payment is not received from your insurance company, we will look to you for payment in full. Then, once your insurance company pays, we will issue a refund check. Your account balance not covered by your insurance company is your responsibility.

Finance Charges: Returned checks will be charged a flat rate of \$25.00 per check per incident. Balances older than 60 days from the date of service, regardless of insurance, may be subject to the following interest charges. Interest is calculated at a rate of 1.5% per month (or 18% annually or a \$5.00 rebilling fee) and applied monthly to unpaid account balances. If it becomes necessary to effect collections of any amount owed on this, or subsequent visits, the undersigned agrees to pay for all costs and expenses including rebilling & interest charges, missed appointment fees, all collection costs and reasonable attorney fees. Any accounts sent for collections will be assessed an additional \$100 processing fee.

Discounts: We offer a 5% pre-pay discount on any out-of-pocket expense. If you elect to pre-pay your estimated portion prior to your dental appointment, we will credit you 5% off any non-insured treatment amount. Additionally, a 5% senior discount to our patients age (62) and over for payment on the same date of service.

Minors/Children: The parent or guardian who brings the child for his/her visit is legally responsible for payment independent of what a divorce decree may state. We will not send statements to other persons. Reimbursement must be made between the divorced parents; we will not intervene.

Cancellation Policy: We've reserved your appointment time especially for you, and we require 48-hours advanced notice if you are unable to keep your scheduled appointment. If you provide less than 48-hours notice your account may reflect a \$50 late cancellation fee.

I acknowledge that I am financially responsible for all fees, whether or not they are covered by insurance. I hereby authorize payment directly to Oswego Dental Care of the group insurance benefits otherwise payable to me. I also authorize release of any information including this diagnosis and records of treatment or examination rendered to my insurance company.

Name (*Please print*): _____

Signature: _____ **Date:** _____