

# East Troy Family Dental

## Financial Policy and Agreement

### Insurance

If you have dental insurance, we will file the claims for you as a complimentary service. It is very important that the correct insurance information is provided at the time of the patients' appointment. **If the information changes, it is the patients' responsibility to update East Troy Family Dental at the earliest convenience.** While we do our best to verify dental benefits prior to your first dental appointment, this does **not guarantee** coverage or payments to East Troy Family Dental. Please see the following agreement:

- As part of your contract with your insurance company, you are responsible for all out-of-pocket portions, copayments and deductibles.
- Any difference in payment from your insurance company and your account balance if your responsibility.
- We do accept payments from the dental insurance companies; however, we are not contracted with them. Your dental insurance is an agreement between you and your insurance company.

### Payment

For your convenience, we accept the following payment options:

- Cash, check, Visa, Mastercard, Discover and American Express
- Care Credit – specializing in helping patients finance larger dental cases. No down payment is required, and payments can be made up to 12-18 months with no interest.

### Missed Appointments

We understand that your plans and daily schedules can change, please remember that this time has been reserved specifically for you and that a 24-hours' notice is greatly appreciated if you need to reschedule your appointment. **A fee of \$25.00** will be assessed to cancelation with less than 24-hours' notice and **a fee of \$50.00** will be assessed with no notice prior to appointment.

### Collection Fees

- Any balance older than 90 days will be subject to interest charges of **1.5% per month**, from the date of service, until the amount is paid in full.
- If payment is not received on the account during the 90 days, the account risks being sent to a collection agency or an attorney.
- Should my account become delinquent, I will be legally responsible for all cost involved with the collection of this account including all court costs, reasonable attorney fees and all other related costs.

**I acknowledge having read this Financial Policy and Agreement document in its entirety and agree to be bound by all the terms and conditions herein.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_