



Financial Agreement

Thank you for choosing Saco River Dentistry as your dental health care provider. It is our goal to provide you and your family with optimal dental care. It is our goal for our patients to understand their treatment needs as well as their financial responsibility before treatment begins. Please review the following policies and procedures:

Payment Policy: Payment is due at the time that services are rendered. If you have dental insurance, your estimated co-pay and deductible are due at the time of service.

1. We accept cash, personal checks with proper ID, money orders, Care Credit, DenVantage, Visa, MasterCard, American Express and Discover.
2. Long-term financing is also available through Care Credit. Please ask for an informative brochure.
3. DenVantage, a membership plan which exists as an alternative to insurance is also offered. Please ask for details.
4. If there is a balance on your account for more than 30 days, a finance charge of 3% per month will be added to your account until the balance is paid in full.
5. To maintain regularly scheduled appointments, patients must not carry a balance older than 90 days. Emergency services will be provided on a fee for service basis.
6. You will be responsible for all costs incurred in the collection of your debt such as collection agency fees, court fees and or attorney fees.
7. A fee of \$35.00 will be applied to your account in the event a check is returned by your bank.

Sedation, Invisalign, Cosmetic and Comprehensive Dentistry: For those patients seeking any of these services, a deposit of 50% of the total cost of the treatment will be due when booking the appointment. The remaining balance is due no later than two-weeks prior to the date of treatment to remain in our schedule.

Medical Insurance: As a courtesy, we will file your claims and accept assignment of medical insurance benefits provided you agree to the following:

1. You must provide us with an insurance card and/or all information necessary to verify your coverage and file your claim.
2. Your insurance policy is a contract between you, your employer and the insurance company. Saco River Dentistry is not a party to that contract. Our relationship is with you, not your insurance company.
3. Although we may estimate your insurance benefits we are not responsible for their accuracy. Knowledge of your benefits as well as benefit amounts, limitations, exclusions, waiting periods etc. is entirely your responsibility. Receiving our services indicates your acceptance of responsibility to pay regardless of our estimate.
4. All charges not paid by your insurance company are your responsibility regardless of the reason for non-payment. Not all services we provide are covered benefits. Benefits differ from one insurance company to another. Fees for non-covered services, along with deductibles and copayments are due at the time of treatment. Saco River Dentistry does not determine what your covered insurance benefit will be.
5. Treatment provided in another office during your current plan year may alter your co-payment due for services in our office. In such cases, we are not able to track whether you have reached your yearly maximum benefits. Please call your insurance company if this applies to you. When determining benefit coverage

6. There are many factors in determining patient responsibility where coordination of benefits between two insurance companies is involved. We will provide you with the most accurate information available to us but cannot guarantee what your out of pocket expense will be.
7. Saco River Dentistry does not have any control over the time that it takes for your insurance company to respond to a pre-authorization or claim. If your insurance company has not paid your claim within 60 days of services rendered, you will need to remit payment in full to this office. You will be reimbursed when we receive payment from your insurance company. After 60 days, it will be the patient's responsibility to actively pursue payment from their insurance company. All unpaid balances will be subject to finance charges and further collection activities.
8. Please understand that our responsibility is to provide you with treatment that best meets your needs, not to match your care to insurance plan limitations.

Minor Patients: In a case of divorced or separated parents, it is your responsibility to have financial arrangements made before the treatment begins. Payments for services for the treatment of minors is the responsibility of adult accompanying the minor and will be due at the time of service.

Missed appointments: To avoid a missed appointment fee of \$75.00, call the office if you need to reschedule or cancel your appointment. We appreciate 48 hour notice to reschedule. We reserve the right to terminate professional treatment for any patient when scheduled appointments are not kept.

I have read and understand this document outlining the financial policies for Saco River Dentistry and agree to these terms. For the mutual convenience of you and the practice, it is understood that this executed copy of the Financial Agreement shall cover your dependent children who are patients of the practice.

Print Name of Patient or Parent/Guardian

SSN

Signature of Patient or Parent/Guardian

Date