

# FINANCIAL AGREEMENT

## Full Payment is Due At Time of Service

We accept Cash, Checks (TeleCheck), Visa, MasterCard, Discover, American Express, CareCredit and Debit Cards

### Regarding Insurance

We may accept assignment of insurance benefits after you provide your insurance information, an original claim form **fully completed**, and a copy of your insurance policy. Insurance is a contract between you and your insurance company. We are **not** a party to this contract. Our office is happy to assist you in filing claims, and we assume you understand your insurance policy; therefore, please ask our front office staff to interpret your insurance policy if you are not clear on the benefits due you on each dental procedure or if you are not clear on dental procedures not covered under your policy. You **must** pay your co-payment including any deductibles **at time of treatment** in order for our office to file your dental claim with your insurance company. The balance is your responsibility whether your insurance company pays or not. If your insurance company has not paid the claim within 45 days, you will be expected to pay the remaining balance in a **timely manner**. If your account becomes delinquent, our office will reserve the right to not accept assignment of insurance benefits on future claims unless you provide a credit card with authorization to bill that account for the balance not paid by your insurance company. Late payment charges are added to unpaid accounts after 60 days from the date of treatment.

### Usual and Customary Rates

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

### Minor Patients

The adult accompanying a minor and the parents (or guardians of the minor) are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless payment at time of service has been verified.

In the case of **divorced parents**, the parent **bringing** the child to the appointment is responsible to **us** for the account. We will be happy to discuss any payments due at time of service in advance so arrangements can be made to accommodate any difficulties this may cause.

### Check Acceptance (TeleCheck)

We use the TeleCheck system to process check payments. In order for us to accept checks we must be provided with one of the following to keep on file for all check writing authorizations:

(1) Social Security Number or (2) Drivers License Number and State of Issue

TeleCheck Disclaimer: When you provide a check as payment, you authorize the use information from your check to process a one-time Electronic Funds Transfer (EFT) or draft drawn from your account, or to process the payment as a check transaction. You also authorize TeleCheck to process credit adjustments, if applicable. If your payment is returned unpaid, you authorize TeleCheck to collect your payment and the Return Fee amount (\$25) by EFT(s) or draft(s) from your account. Consumer questions regarding TeleCheck transactions may be answered by calling 1-800-697-9263. Signature will be kept on file for all TeleCheck authorizations.

### Treatment Plan

Our office prepares a written treatment plan and consent form for each of our patients who require continuing dental care. Please take a moment when you receive it to review all the information. It will break all the treatment down by appointment describing our fee, expected insurance coverage, and patient responsibility. Again, please remember Dr. Demetriou recommends the best possible treatment for your child regardless of insurance coverage. We do request if you have any questions **prior** to the appointment please call and we will be happy to assist you.

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Signature of Parent/Guardian

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Date