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**Financial Agreement**

Thank you for choosing Rooker Family Dentistry for your dental health needs. This document outlines payment options for your treatment at our clinic. *Please note, payment is due at time treatment is rendered*. We accept Cash, Check, Master Card, Visa, Discover and Care Credit (see below).

We give a 5% discount on all services if paid on the appointment date with cash or check. We give a 3% discount if paid through credit/debit card at the appointment date. Note: Discount cannot be applied to insurance billing.

**Dental Insurance** – As a courtesy to you we will complete your insurance claim and submit it to your insurance company. Your estimated co-payment (*the amount not covered by your insurance*) for treatment is due at the day treatment is provided. If you fail to bring the required insurance information to your appointments we will ask that you pay the bill in full and be reimbursed from your insurance company. We will provide you with a receipt of services and a blank claim form. Our office does not guarantee that your insurance company will pay for your treatment. If your claim is denied or the treatment is down-coded and or alternative benefits given, you will be responsible for paying the full balance amount left on the account at that time.

Our office will not dispute with your insurance company over any claim, although we will provide the necessary documentation your insurance company requests to settle the claim.

If your insurance company has not made payment within 30 days of billing, the balance will become your responsibility. Insurance coverage is a contractual agreement between the insurance company and you or your employer. We have no control over this relationship.

**Monthly payment options** – If you need to make long-term payments we can offer financing with Care Credit which offers plans with NO INTEREST financing. You must qualify for this option. Please do not hesitate to ask us about this option. We can help you get this started if you choose this option.

**Minor Patients** – The adult accompanying the minor is responsible for the payment on the account. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-paid.

**Statements** – All patients with an outstanding balance will receive a statement each month.

Payment in full is expected within 30 days from your first statement advising you of the balance due. All accounts over 90 days will be subject to our collection agency.

**Returned Checks** – A fee of $35.00 will be charged for any returned checks.

(see reverse side)

**Automated Reminders**

We have implemented an automated reminder system that will text you before upcoming appointments.

The first message will go out 3 days prior to your appointment. If no response is given, another message will go out the day before your appointment. If you are planning to attend, please confirm by responding “yes” – this greatly helps us optimize our time so that we can reduce no-show appointments and have ample appointment availability.

A health screening form will be sent out roughly 2 hours prior to your appointment – please submit this electronically if you are able to, otherwise we have paper copies in the office.

These reminders are a courtesy for your convenience, it is ultimately *your responsibility* to remember appointments that you have scheduled with us. If your phone number changes or if you have a non-textable number you will not get these notices. Let us know if you would prefer not to receive these notices or if you prefer phone call confirmations instead.

**Reschedule and Cancellation Policy – Please read!**

We understand that life happens and sometimes appointments need to be rescheduled. We request that you give us at least 24 hours *weekday* notice to cancel or reschedule your appointment.

We charge a **$50 late cancel fee** that will be applied to any appointment cancelled/rescheduled within 24 hours prior to the start time of the appointment. We do not like assessing this charge to your account and presumably you don’t like extra fees, so please give us ample notice if you need to change your appointment. For patients with multiple late cancel/no show appointments we may even ask that you find a new dental home.

We are not in the office on Fridays or on the weekends – please try to change Monday appointments the *week prior* as your message may not be received until Monday if you cancel over the weekend. Lastly, we have eliminated our previous late cancel/missed appointment charge, but we may ask you to find a new dental home if attendance becomes an issue.

Exception: Illness is the only exception to our cancellation policy – we would much prefer you not come into the office when you feel ill, even if it means a last minute cancellation.

**Assignment of Benefits**

I assign directly to Rooker Family Dentistry all insurance benefits, if any, otherwise payable to me for services rendered. I authorize and release information and payment of my dental benefits directly to the practice. I understand that I am financially responsible for all charges whether or not paid by insurance. I authorize the use of my signature on all insurance submissions. The above-named dental practice may use my health care information and may disclose such information to the above-named insurance company(ies) and their agents for the purpose of obtaining payment for services and determining insurance benefits or the benefits payable for related services.

I have read and fully understand my financial options and obligations. I understand that in the event my account becomes delinquent I will be responsible for any collections, legal fees and any other charges incurred to collect this account. Additionally, by signing this form I authorize Rooker Family Dentistry to process credit card transactions initiated by me either by mail or phone.

Thank you for giving us the opportunity to serve your dental needs. If you have any questions about this form please let us know.

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Print Name of Patient Date

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Signature of Patient/Responsible Party