

## Financial Policy

This is an agreement between Laura E. Davies D.D.S., as a creditor, and the Patient/Debtor named on this form.

In This agreement the words “you,” “your,” and “yours” mean the Patient/Debtor. The word “account” means the account that has been established in your name to which charges are made and payments credited. The words “we,” “us,” and “our” refer to Laura E. Davies, D.D.S.

By executing this agreement, you are agreeing to pay for all services that are received.

**Monthly Statement:** If you have a balance on your account, we will send you a monthly statement. It will show separately the previous balance, any new charges to the account, the finance charge (if any), and any payments or credits applied to your account during the month.

### Payment options if you have no insurance:

1. You may choose to pay by cash, check, or credit card on the day that treatment is rendered.
2. On treatment involving laboratory fees (crowns, bridges, dentures, etc.) we require 50% on the preparation date and the balance on the delivery date (normally two weeks later).
3. On extensive treatment, you may prefer to secure a bank, or other third-party financing for the entire amount and make payments to the lending institution.
4. We offer special financing through Care Credit. If you pay them within 12 months, there will be no interest charge.

### Payment options if you have insurance:

1. Your deductible and co-pay will be due at the time services are rendered.
2. On extensive treatment (crowns or bridges) you may choose to pay 50% of your out-of-pocket portion on the start of preparation date, and the balance on the completion of delivery date. (Normally two weeks later.)

**Payments:** Unless we approve other arrangements in writing, the balance on your statement is due and payable when the statement is issued, and is past due if not paid in thirty (30) days.

**Charges to Account:** We shall have the right to cancel your privilege to make charges against your account at any time. Future visits would then need to be paid at the time of services.

**Contracted Insurance:** If we are contracted with your insurance company, we must follow our contract and their requirements. If you have a co-pay or deductible, you must pay that at the time of services. It is the insurance company that makes the final determination of your eligibility. . Your claims will be submitted to insurance within 24 hours (business days) of your appointment.

**Non-contracted Insurance:** Insurance is a contract between you and your insurance company. We are NOT a party to this contract, in most cases. We will file your primary insurance as a courtesy to you. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility. Your claims will be submitted to insurance within 24 hours (business days) of your appointment.

**Finance Charge:** A finance charge will be imposed on each item of your account, which has not been paid within thirty (30) days of the time the item was added to the account. The FINANCE CHARGE will be computed at the rate of 1.5% per month on an ANNUAL PERCENTAGE RATE of 18%. The finance charge on your account is computed by applying the periodic rate (1.5%) to the “overdue balance” of your account. The “overdue balance” of your account is calculated by taking the balance owed 30 days ago, and then subtracting any payments or credits applied to the account during that time. The minimum Finance Charge is \$.50.

**Required Payments:** Any co-payments required by an insurance company must be paid at the time of service. Because this is an insurance requirement we cannot bill you for these.

**Returned Checks:** There is a fee (currently \$25) for any checks returned by the bank.

**Past due accounts:** If your account becomes past due, we will take necessary steps to collect this debt. If we have to refer your account to a collections agency, you agree to pay all of the collection costs, which are accrued. If we have to refer collection of the balance to a lawyer, you agree to pay all the lawyer’s fees, which we incur, plus all court costs. In case of suit, you agree the venue shall be in Rapid City, South Dakota.

**Waiver of confidentiality:** You understand if this account is submitted to an attorney or collection agency, if we have to litigate in court, or if your past due status is reported to a credit reporting agency, the fact that you received treatment at our office may become a matter of public record.

**Divorce:** In case of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. After a divorce or separation, the parent authorizing treatment for a child will be the parent responsible for those subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

**Effective Date:** Once you have signed this agreement, you agree to all of the terms and conditions contained herein and the agreement will be in full force and effect.

**T-19 Patients:** We will ask that you provide your Medicaid card at every visit. **If you are 18 years of age or older you will be required to pay a \$3.00 co-pay for each procedure provided for you, on the day of your visit to our office.** It will be your responsibility to inform us if you no longer qualify for the Medicaid program.

Print Patient's Name: \_\_\_\_\_

Responsible Party (if not the patient): \_\_\_\_\_

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

Co-Signature: \_\_\_\_\_ Date: \_\_\_\_\_