



OFFICE FINANCIAL AGREEMENT

Welcome to Sunset Tower Family Dentistry! We look forward to a strong and positive relationship with you. In order for you to understand our financial policies, please read the following. Should you have any questions, please don't hesitate to ask us.

1. All emergency treatment for new patients is to be paid in full at the time of service with cash or credit cards only. Personal checks are accepted after verification with your financial institution. ***There will be a \$25.00 fee charged for any returned checks.***
2. As a courtesy to our patients, we accept assignment on insurance benefits. However, it must be clearly understood that the insurance contract is between you and your insurance carrier. Therefore, you are fully responsible for any amount not paid by your insurance carrier.
3. Your insurance will be accepted only after all the information has been confirmed for your coverage and an "Authorization to pay Doctor" has been signed. You will be responsible for any deductible and/or co-payments as treatment proceeds.
4. Insurance companies will not guarantee any payments until they process actual claims. Therefore, our office cannot guarantee what will be paid. As a courtesy to our patients, we will file the claims and provide all the necessary information, but if the claim is denied or not paid within 45 days, the balance must be settled promptly by the patient.
5. By accepting assignment on your insurance, we usually have to wait 30-60 days for payment. If your particular insurance becomes too cumbersome for our office, we may withdraw this courtesy after notifying you first.
6. Overdue account balances (over 60 days) are charged a ***FINANCE CHARGE*** of 1.5% per month. If collection efforts are required to settle your balance, all reasonable expenses incurred, including but not limited to attorney's fees and court costs, will be added to that balance.

Please sign below to signify that you understand and agree with the above office policy. Thank you.

Signature of Patient/Responsible Party

Date