

Carrie K. York, D.D.S.

Financial Agreement

This agreement is to inform you of your financial obligation to the office of Dr. Carrie K. York. First and foremost, we are committed to providing you with comprehensive and excellent dental care using only the highest quality materials and state of the art technology. Charges incurred for treatment provided are your responsibility regardless of any expected insurance coverage. Treatment recommendations will always be based upon your dental needs.

If you have dental insurance, treatment recommendations are based on your needs, not on insurance coverage. Dental insurance is a benefit used to assist you with the cost of necessary dental expenses and should neither dictate nor prohibit treatment. As we work with you to reach your optimum oral health, we require that **your estimated co-payment for treatment be paid at the time treatment is rendered.** Your co-payment is the portion of our fee that your insurance coverage will not assist you with. Your estimated co-payment may be adjusted after the time of treatment depending upon the final reconciliation of actual insurance payments.

As a courtesy, we will submit dental insurance claims on your behalf. However, it is important that you understand that the agreement regarding your dental insurance and dental benefits is between you, your employer, and your insurance company. In order to submit dental claims for you, **it is your responsibility to provide us with accurate dental insurance information before treatment is provided.** Many dental insurers do not issue cards to their members so if you are unsure about your dental coverage please consult your employer or human resources department. If you have questions about your dental insurance coverage and claim payments for treatment, it is best to submit a predetermination of dental benefits. However, remember that a predetermination is not a guarantee of payment. Although we are willing to submit dental claims on your behalf, we do not accept responsibility for the outcome of the transaction. Completing insurance forms is a courtesy extended to save you time and facilitate payment to our practice from your insurance company. By having our practice process your insurance forms, it is important that you understand that this does not eliminate your financial obligation.

Insurance payments are typically made within 10-60 business days from the billing date. If your insurance company has not made payment to our practice within 60 days, you should contact them in an effort to prompt payment for your treatment. If your insurance company has not made payment to our practice within 90 days, we will ask you to pay your entire account balance and you will be responsible for seeking reimbursement from your insurance company.

Our practice does not guarantee that your **insurance** company will assist you with payment for treatment you receive at our office. If your claim is denied, you will be responsible for paying the full amount. We will provide necessary documentation to your insurance company at their request, to sort out any confusion or questions that may arise during the processing of your insurance claims. However, it is not our responsibility to enter into a dispute with your insurance company over denied, disputed or unpaid claims. It is your responsibility to appeal claim denials and resolve disputes over payments made or not made by your insurance company to our practice.

The office of Dr. Carrie York accepts **payment** in the form of cash, personal check, Discover, MasterCard and Visa. Returned checks and balances older than 60 days will be subjected to bank fees and/or finance charges at the rate of 1.5% per month (18% annually). Account balances left unpaid for 120 days or more may be sent to a collection agency.

Please keep in mind that we have **reserved time in our schedule** especially for you. We urge you to keep your appointments, due to limited time and space. Broken or failed appointments can compromise your oral health and result in the loss of valuable professional time. If you need to cancel or reschedule your appointment, please give us at least 48 hours notice, so that we may offer your reserved time to another patient, and to avoid being charged a broken appointment fee.

I have read, understand, and accept the terms and conditions of this financial agreement.

Printed Name of Patient or Responsible Party

Signature of Patient or Responsible Party

Date