



*Carrie K. York, DDS.*

**Carrie K. York, DDS**

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## FINANCIAL POLICY

### FINANCIAL POLICY FOR THE OFFICE OF CARRIE K. YORK, DDS

Thank you for choosing us as your dental care provider. We are committed to providing you with comprehensive and excellent dental care using the highest quality materials and state of the art technology. Treatment recommendations will always be based upon your individual dental needs, not on insurance coverage. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our financial policy which we require that you read and sign prior to any treatment. It is our hope that this policy will facilitate open communication between us and help avoid potential misunderstandings, allowing you to always make the best choices related to your care.

#### INSURANCE:

Please remember your insurance policy is a contract between you and your insurance company. We are not a party to that contract. As a courtesy to you, our office provides certain services, such as submitting dental insurance claims on your behalf and/or sending a pre-treatment estimate to your insurance company at your request. Please be aware that a pre-treatment estimate is not a guarantee of payment. It is physically impossible for us to have the knowledge and keep track of every aspect of your insurance. It is up to you to contact your insurance company and inquire as to what benefits your employer has purchased for you. If you have any questions concerning the pre-treatment estimate and/or fees for service, it is your responsibility to have these answered prior to treatment to minimize any confusion on your behalf.

If you have an insurance plan that pays you directly, you are responsible for payment in full on the day of service.

Please be aware some or perhaps all of the services provided may or may not be covered by your insurance policy. Any balance is your responsibility whether or not your insurance company pays any portion.

#### PAYMENT:

Understand that regardless of any insurance status, you are responsible for the balance due on your account. You are responsible for any and all professional services rendered. This includes but is not limited to: dental fees, surgical procedures, tests, office procedures, medications and also any other services not directly provided by the dentist.

FULL PAYMENT is due at the time of service.

If insurance benefits apply, ESTIMATED PATIENT CO-PAYMENTS and DEDUCTIBLES are due at the time of service, unless other arrangements are made.

UNPAID BALANCE over 60 days old will be subject to a monthly interest of 1.0% (APR 12%) along with a minimum finance charge of \$5.00. If payment is delinquent, the patient will be responsible for payment of collection, attorneys fees, and court costs associated with the recovery of the monies due on the account. Account balances

left unpaid for 120 days or more may be sent to a collection agency.

We accept cash, personal check, Visa, MasterCard, Discover. You can also pay your bill online through our website at [www.carrieyorkdds.com](http://www.carrieyorkdds.com)

**MISSED APPOINTMENTS:**

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, kindly 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 of \$75.

I have read, understand and agree to the terms and conditions of this Financial Agreement.

Patient's signature:

Date: