MARSH FAMILY DENTISTRY

Financial Agreement

As we all know, rising healthcare costs are a serious problem. Therefore, we want to do everything we can to help control costs and provide patients with payment options that allow you to receive treatment needed. To help meet your needs and to help us keep our costs down; our dental office uses this payment policy.

We ask that patients pay for treatment with one of the following options:

1. You may choose to pay by cash, check, or credit card (VISA, MasterCard, or Discover) on the day of treatment.
2. For extensive treatment, you may prefer to secure a bank, credit union, or other third party financing for the entire amount and make payments to that lending institution.
3. We offer special financing through **CareCredit.**

Insurance: For our patients with dental insurance, we do require that your non-covered portion and any deductible be paid at the time of service. Insurance is a contract between you and your insurance company. We are NOT a party to this contract, in most cases. We will bill your primary insurance company 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 benefits. You agree to pay any portion of the charges not covered by insurance.

Missed Appointment Fee: Unless an emergency occurs, you can expect us to be on time. We appreciate your being prompt also. While we realize things do come up, we appreciate 48 hour notice for an appointment you need to reschedule. There will be a $35 failure fee for appointments that are missed without timely notification.

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 collection agency, you agree to pay all of the collection costs, which are incurred.

Patient's Name: _____ Date _____

We appreciate your understanding of our policy and look forward to serving you and your family's dental needs.

Dr. Christian Marsh