

Stonebridge Ranch Smiles, PC

Kenneth R. Sharp, D.D.S.

Financial Arrangements and Dental insurance Policy for Stonebridge Ranch Dental, PC

Our goal in discussing financial arrangements relative to your dental needs includes:

- To inform you of treatment alternatives
- Their respective advantages and disadvantages
- The consequences and/or risks of limited delayed treatment and/or non treatment.

We will discuss with you the costs of the dental treatment and alternative treatment. We will gladly answer your questions until you are completely satisfied.

Dental Insurance

We are happy to assist you in receiving your maximum dental insurance benefits. Dental insurance is a contract between your employer, who selects your coverage limit, and the insurance company. You (the subscriber) will receive the dental benefits as defined within this plan. Insurance payments received by this office will be credited to your account. We cannot guarantee insurance carrier payments on office-generated insurance reimbursement estimates. You are responsible for all dental fees (charges) that your insurance company has not paid, for whatever reason, within a 60-day period from when treatment is begun: you will be expected to pay the full amount due. Our office will accept assignment of dental insurance benefits directly to our office. Our staff will try to make a reasonable estimate of what the insurance company will pay for a given dental procedure.

Please initial the following statements:

Payment options:

Option 1: Payment of total treatment fee in full on the day of each visit. To demonstrate our appreciation for patients who are prompt with full payment of complete treatment and the patient portion total fees per person are more than \$500, we will extend a five percent (5%) reduction of the total fee.

Option 2: You may use your credit or debit card to make payment. We gladly accept Visa, MasterCard, Discover, or American Express.

Option 3: For our patients who want to make monthly payments, we offer short- and long-term financing through Care Credit and Citi Health. These companies also offer attractive interest free financing options up to 12 months. Please ask to talk to our financial consultant who can assist you with the application.

Option 4: Pay your estimated co-payment in full on each day of treatment. If your dental plan does not pay within 60 days of treatment, you must pay any outstanding balance and seek reimbursement from your dental plan.

Fee Guarantees and Nonpayment Procedures

The estimated fees we provide for dental services are guaranteed for 30 days. If treatment is not begun within 30 days of the estimate date, cost of dental treatment could vary. Once dental treatment has begun, changes in the anticipated treatment plan may be required, depending on oral conditions encountered. You will be informed if this occurs and given the option of continuing treatment, changing treatment, or canceling treatment.

If your balance becomes 60 days or more overdue, our office reserves the right to interrupt or discontinue dental treatment and/or send your account to an attorney for collections. In the event that your account is sent for collection, you will be responsible for all costs and fees, including reasonable attorney's fees, incurred. If payment is not made within 30 days, your account will be charged at a rate of 1.5% per month.

PLEASE GIVE 48 HOUR NOTICE OF CHANGE TO AN APPOINTMENT. LESS THAN 48 HOURS WILL RESULT IN A \$50.00 CHARGE TO YOUR ACCOUNT.

I, _____, accept full financial responsibility for this account and for all dentistry performed upon my dependents at Stonebridge Ranch Dental. I understand that it is ultimately my responsibility to confirm my insurance eligibility, waiting periods and benefits. I also understand that this office cannot guarantee my insurance status in any of these areas. I have read and understand my obligations and I acknowledge that I am fully responsible for payment of any services not covered or underpaid by my insurance carrier.

Patient/Parent Signature: _____ Date: _____