

Our office wants all of our patients to comfortably afford the dental care they need. We proudly offer the following payment options for your selection.

INSURANCE Our office understands the value of insurance benefits to our patients. The responsibility to understand the plan and its benefits belongs to the patient. It must be clearly understood that the "contract" is between the patient and the insurance company and therefore our office cannot engage in any dispute over a claim. We will do our best to **estimate** your coverage, however our office does **not guarantee any payment amounts or any benefits of your plan**. The patient remains financially responsible for the payment of services rendered regardless of the coverage and/or payments from your insurance plan. We will file your claims for you. Most insurance plans do not pay 100% of the cost of all treatment; therefore, you must pay your **deductible** and **your estimated portion** of the charges at the time the service is rendered. After 60 days, the balance will be due in full from you. Please remember, this office is always an "Out of Network" provider for any insurance plan. Unfortunately, our office is not able to accept the assignment of payments made by secondary insurance coverage.

PAYMENT OPTIONS

1. **Cash Pre-Payment of treatment in full:** Our office offers a 5% discount to those patients willing to pay for treatment in full and in advance of treatment. This requires that you file your own insurance. We will provide the completed insurance form for you at the time of treatment. This applies to treatment plans in excess of \$1,000.00 only.
2. **Credit Cards** : Our office accepts most major credit cards.
3. **Outside Dental Financing** : Upon qualifying, you will be extended a line of credit for treatment costs by an outside financing company. This financing is available for those patients that need to extend their payments over a longer period of time. This plan offers a 90-day interest free grace period which begins again for each new dental charge and for the amount of the charge. Payment will be made directly to the financing company. The qualification process is simple and can usually be completed within minutes. For further information on this option, please contact our financial advisor and ask about our Healthcare Creditline Program.

We want to thank you for trusting us to be your dental health care provider. In an effort to provide the best dental services at reasonable fees, we have implemented this policy to reduce the increasing costs that cause increases in dental health care fees. This policy eliminates open billing and shares the responsibility of cost containment among all our patients. It is our pleasure to be your dental office of choice.

Sincerely,

M. Scott Lipscomb, D.D.S.

I understand that all balances are due at the time services are rendered unless one of the arrangements listed above have been made with the clinic's financial advisor. I further understand that beginning with the first day of the month following your balance becoming sixty (60) days past due, a monthly charge of 1.5% (18% APR) will be assessed to any unpaid balance. In the case of default on payment of this account, I agree to pay collection costs and reasonable attorney fees incurred in attempting to collect on this amount or any future outstanding account balances.

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Name

Patient Signature

Date