

**FINANCIAL POLICY
OF
ARRICK AND ASSOCIATES**

Thank you for choosing us as your dental care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy, which we require you read and sign prior to any treatment. All Patients must complete our Health History Form before seeing the doctor.

WE ACCEPT CASH, CHECKS, VISA/MASTERCARD, DISCOVER, OR CARECREDIT.

Check Acceptance Policy:

We are now processing checks into electronic debit transactions. There will be a \$30.00 charge on all returned checks.

For Emergency patients only:

We require patients paying with cash or credit card to pay for the emergency visit prior to being seen. The balance of other treatments rendered is due before you leave the office.

Regarding Insurance

We cannot bill your insurance company unless you give us your insurance information. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. **If your insurance company has not paid us in 45 days, the balance on the account will be billed to you.** Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under your dental insurance. **If the bill is not paid in 60 days, then the balance on your account will be charged 18% interest. All accounts over 60 days will be charged a 40% collection fee and turned over to collections.**

Usual and Customary Rates

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary in our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Minor Patients

If you are under the age of 18, we require that a parent or legal guardian be present at the time of treatment. For children 14 and under that require Behavior Management by our staff members there will be an additional cost and your insurance may not cover it. The cost is \$32.00 per 15 minutes.

Missed Appointments

Unless cancelled, at least 24 hours in advance, there will be a \$50.00 charge per hour for the missed visit. Broken appointments could lead to your dismissal from the practice. We try our best to be on time for your appointments; therefore, we reserve the right to reschedule your appointment if you are more than 15 minutes late.

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns. I have read the Financial Policy. I understand and agree to this Financial Policy. I hereby authorize Arrick and Associates, DDS to release any information for purpose of treatment and/or filing insurance claims.

X _____

Signature of Patient or Responsible Party

Date: _____