

## *Financial and Appointment Agreements*

Thank you for choosing the office Dental Bliss for your dental home. As a special service to you, we assist you in filing insurance claims so that you might receive the maximum benefit available from your insurance coverage. This allows you the financial freedom of paying only your part of the treatment fee while we accept direct payment from your insurance company to our office. In relieving you of this financial burden, we become very vulnerable to the insurance company; therefore, we have set some guidelines and limitations which must be recognized and adhered to:

### ***PECULIARITIES:***

We can not be held responsible for knowing all the peculiarities and requirements of all insurance companies we deal with. It is YOUR responsibility to become familiar with your own policy. If there is a peculiarity about your insurance company of which we are not informed, and it results in an underpayment of estimated benefits, we will not be held responsible and the unpaid amount will be applied to your portion of the account.

### ***CHANGE IN BENEFITS, ELIGIBILITY OR CARRIER:***

At any point in treatment, if you change jobs or become ineligible for benefits, or your employer changes insurance carriers, you must notify us immediately.

### ***INTENTIONAL OR UNINTENTIONAL WITHHOLDING OF BENEFITS:***

When benefits are assigned directly to this office, if the insurance company sends a check to you in error, we will hold you responsible for immediate and complete reimbursement. Should you receive a check from your insurance company, mail or bring it to this office. Do not deposit or cash it. Any attempt to withhold insurance funds received by you in error will result in an immediate termination of this financial agreement and we will hold you directly responsible for the balance of any unpaid amounts.

### ***MISCELLANEOUS:***

At the conclusion of treatment, if the insurance company has not paid the entire benefit available, we will hold you directly responsible for payment of the entire account balances left unpaid.

At any point during treatment, if the insurance company becomes uncooperative, we reserve the right to refuse to work with that insurance company and will look to you for payment of the remaining balance and you will have to settle with your insurance company.

*Financial and Appointment Agreements Continued*

**APPOINTMENT AGREEMENT:**

Please notify us, Prior to your appointment or prior to seeing the dentist or hygienist of any changes in address, phone numbers, email address, marital status, medical situation, medications taken, or insurance coverage.

A 24 hours notice is required to cancel an appointment. If we are given less than a 48 "BUSINESS HOUR" notice, it is considered a broken appointment. A broken appointment will require us to charge your account a \$75.00 charge per appointed family member or half of the charge of the procedure appointed. It will be the greater of the two.

A parent or guardian must sign for children under the age of 18 years old. The parent or guardian that signs the patient in and/or makes the appointment is responsible for the patients account regardless of any divorce/court orders.

I understand that I am solely and financially responsible and indebted to Dental Bliss for my account.

The length of some dental procedures performed in our office requires longer reservations than others. If you should require a procedure that is necessary to schedule for two or more hours, we ask that you pay a \$200 deposit when scheduling to hold your reservation for services. This deposit will then be applied to the amount you owe for the procedure.

I fully understand the conditions of the Agreement and agree to abide by the limitations set forth. I also understand that I have the primary duty to provide payment for services rendered at Dental Bliss, and that I am responsible for the entire fee. I hereby authorize payment directly to Dental Bliss.

Print Patient Name \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient and/or Responsible Party

\_\_\_\_\_  
Date