

ELITE DENTAL ASSOCIATES

Dallas Uptown - (214) 220-2424

OFFICE and FINANCIAL POLICY

Thank you for choosing us as your dental care provider. Our greatest concern is your complete oral health. Anything we do or say will be centered on that philosophy. It is suggested that each patient is seen every six months (or as needed based on dental health) to ensure this preventive philosophy is met. We are committed to your treatment being successful, and to the return and maintenance of your good oral health.

Please understand that payment of your bill is considered part of that treatment. *We do realize that financial concerns are unavoidable and we are not here to trade a "dental problem" with a "financial problem"*. We therefore offer the following financial options. We will be happy to work with you to plan the most appropriate arrangements for you. We want you to be able to enjoy the benefits of dental health.

We must emphasize that as a dental care provider, our relationship is with YOU and NOT with your insurance company. Our office philosophy is to provide the highest quality dentistry for each and every one of our patients, regardless of their insurance limitations.

Emergency dental treatment is intended to provide relief of severe pain and infection to individuals in acute need. You as a patient of record have access to 24-hour phone emergency service. There will be a charge for this service if you are a new patient and for existing patients, a fee may apply based on the service rendered if an office visit is required.

*The following is a statement of our **Financial Policy**, which we ask you to read, initial and sign prior to any treatment.*

PAYMENT FOR SERVICES RENDERED: Patients are responsible for payment of all services rendered on their behalf or their dependents. Payment is due at the time of service unless other financial arrangements have been made in writing in advanced.

NOTE: We reserve the right to charge an **18% interest rate on all balances past 30 days** – *If your insurance company has not paid your balance full within 30 days, the balance will automatically be transferred to your account, and you will be responsible for the balance owed. Our office cannot render services on the assumption that your treatment will be paid by your insurance company.*

INSURANCE ASSIGNMENT: We may accept assignment of insurance benefits; however, most insurance plans do not cover 100% of the fees charged and have a deductible, which must be satisfied before any insurance benefits can be received. Also, please keep in mind that some, and perhaps all, of the services are not considered reasonable and necessary under the provisions of your insurance plan. In the instance that our office accepts your insurance companies' assignment, **it does NOT absolve the patient's responsibility** for the charges of the treatment rendered. We require that all deductibles, co-pays, and/or any percentage of the bill that the primary insurance carrier does not cover, be paid at the time of service. **Your insurance policy is a contract between you and your insurance company. We are not a party to that company's assignment.**

If secondary insurance is involved, we will gladly help you obtain your maximum benefit under the secondary plan by providing you all necessary forms and/or x-rays required for you to file. We, though, cannot accept secondary insurance as possible payment for services since "double" insurance does not necessarily mean that both insurance companies will cover all expenses involve with your treatment.

INSURANCE FACTS: Most insurance companies have a yearly deductible. You will need to know what your deductible is and pay that amount before your insurance company will begin to pay benefits. In cases involving lab fees, we reserve the right to require a deposit to cover outside lab expenses.

DEFAULT ON PAYMENT: In the event of default on payment, the patient (guardian) promises to pay a **service fee** in the amount of **\$125** in addition any collection agency fees, court and attorney cost to the balance owed.

Please note the actions that will be taken by our office in the event of "default of payment":

- **After 60 days of non-payment from insurance company**, the balance will be transferred to the patient's account and payment is required in 30 days; if insurance is not involved, *payment is due at the time of service unless other financial arrangements have been made in writing.*
- **After 75 days of non-payment**, patient's account will be transferred to a collection agency for collection; please note that at this point, *possible effects can occur on your credit report which in turn can have a negative effect on your ability to purchase certain items utilizing credit (ie. Auto, Houses, etc.).*
- **After 90 days of non-payment**, account will be transferred to your local **County Clerk Office – Small Claims Court** for collection of balance due; *"Abstract of Judgment"* will be obtained and this recorded judgment may be picked up by credit companies, title companies, lawyers or any outside party who checks for judgments on lien records.

PAYMENT OPTIONS

Reserving Your Appointment

To better serve our patients with an appointment time specifically dedicated to you, we do require the following for all dental procedures with the exception of preventative maintenance appointments:

- **5% deposit for procedures over \$500**
- **10% deposit for procedures over \$1000**

**NOTE: This deposit is non-refundable*

Prepayment Courtesy:

Our office offers a saving program for patients willing to pay for the entire cost of treatment at the time of service. We extend the following:

_____ **5% discount for payment for ENTIRE TREATMENT fee**

NOTE: This does NOT apply to payments made with Care Credit and/or any other types of financial arrangements such as payment plans, etc (if any)

ELITE “Lay-Away” Option

This is a fairly new option that allows you to make bi-weekly payments on a procedure prior to treatment being rendered. The details of our program are:

- The layaway term is a maximum of six (6) months for amounts under \$1,500 OR one (1) year if the amount is above \$1,500
- Patients must deposit fifteen (15) percent of the treatment cost (minimum \$150) – this down payment will be the cancellation fee assessed if you decide not to go forward after the start of the this program.
- The payment schedule is bi-weekly and the payments are calculated based on the months the patient selects. “Price adjustments”, if any, are limited to one per layaway term.

Interest-Free Financing Options:

Our offices are contracted with a financing company so that we can offer you several attractive interest-free payment options. The qualification process is simple and can be completed within 10-30 minutes. You have your choice of the following interest-free financing within this program (credit approval does apply):

***Care Credit
Citi Financial Services***

***Springstone Financial
Chase Financial Services***

*Please initial _____ if you are interested in these interest-free financial option and authorized Elite Dental Associates to research your qualification and obtain approval on your behalf.

Patient (printed name) _____

Patient/Responsible Party Signature _____ Date: _____
(Parent/Guardian if patient is a minor)

Staff _____ Date: _____