

## Financial Arrangements and Insurance

We are committed to providing you with the best possible care. If you have dental insurance we will assist you in filing claims. However, you must realize your insurance is a contract between you, your employer, and the insurance company. Dr Pease is not a party to that contract. If your insurance does not pay within 90 days, we will require you pay your bill in full and wait for reimbursement from your insurance company. I understand and agree, regardless of my insurance status, I am ultimately responsible for the balance on my account for any professional services rendered. In the event my account goes unpaid I consent to have a credit report inquiry by Dr Pease and staff; I also understand that there will be finance charges of 1.5%. I understand I will be held responsible for the cost of collecting my unpaid account, including, but not limited to, court costs, attorney fees, and collection fees. There is a \$30.00 service fee for returned checks. \_\_\_\_\_ (initial)

I authorize the release of all dental information necessary to process my claims and I authorize the release of this same information, when necessary, to other providers rendering dental care. I assign all dental benefits to which I am entitled, to Dr. Pease. This assignment will remain in effect until revoked by me IN WRITING. A photocopy of this assignment is to be considered as valid as the original.

\_\_\_\_\_ (initial)

Payment is due at the time services are rendered. We accept cash, checks, MasterCard, Visa, and CareCredit. How will you be paying today? \_\_\_\_\_ (initial)

Patient Signature or Legal Guardian \_\_\_\_\_

### **Cancellations:**

As a courtesy to all patients we ask that a 24 business hour notice be given for a cancelled appointment. **If we have not received sufficient notice, a charge may be applied to your account of \$40.00.** \_\_\_\_\_ (initial)