

Dr. Kyle M. Triggs D.M.D., P.C.

Dental Services Financial Agreement

Dr. Triggs' goal is to help you establish excellent oral health. We are committed to helping you determine the most appropriate treatment for your dental needs and desires. Should you have questions concerning your treatment, treatment sequence, or fees for services, please ask for clarification before treatment has begun.

Our financial policy is as follows:

- We accept cash, personal checks, care credit and all major credit cards.
- \$35 fee will be applied for ALL returned checks.
- Payment is due at time of service.
- Payment plans for certain procedures are available through CareCredit with payment options available up to 5 years at fixed rates.
- Insurance- insurance is a contract between the patient and/or employer and the insurance company. It is not a contract between our office and your insurance company. As a courtesy, we will be happy to assist you by filing your insurance claim and answering the details that the insurance company may require. We cannot be responsible for payment by the insurance company. **The responsibility for payment belongs to the patient.**
- We will provide estimated balances between the cost of service and co-payment of your insurance. Predetermination of benefits may be advisable if there is a question concerning coverage.
- We will accept assignment of benefits subject to verification of insurance coverage.
- Extended treatment plans will be outlined so that appropriate payments may be made as each phase of treatment has begun.

We reserve the right to accept or deny certain insurance plans at our discretion. If we accept your insurance plan, our estimation of your co-payment is due at the time of service. If your insurance company has not paid the **full balance** within 90 days, you will have 30 days to pay the balance.

Should your insurance be denied, full payment is expected at the time of service unless prior arrangements have been made through our office manager.

Please remember that you are responsible for timely payment of your account. Should it become necessary to refer your account to an agency or attorney for collection, you will also be responsible for all costs associated with the collection.

Regarding Appointments:

In order to serve you better and keep the cost of dental care down, we try to maintain an efficient appointment system. However, our cost of providing care increases greatly when people fail to keep scheduled appointments or cancel at the last minute. We require at least 24-hour notice for any cancelled appointment. After 3 missed appointments or cancelled appointments we will place you on a short call list, which means we will phone you when an appointment time becomes available on short notice. This gives you the opportunity to know if your busy schedule has an opening for a dental appointment within the next few hours.

I understand and agree to this Financial Agreement.

Signature of Patient or Responsible Party: _____ Date: _____