

## Financial Policy

Thank you for choosing Brentwood Progressive Dental! Our primary mission is to deliver the best and most comprehensive dental care available. An important part of this mission is making the cost of optimal care easy and manageable for our patients as possible by offering several payment options that are outlined below.

To ensure both parties are in mutual agreement before any treatment is performed, Brentwood Progressive Dental requires a signed financial agreement prior to the beginning of your treatment. We offer many choices in an effort to help our patients. Your payment options are as follows:

- We accept personal check, debit card, VISA, or MasterCard.
- For patients with dental insurance, we are happy to work with your carrier to maximize your benefits.

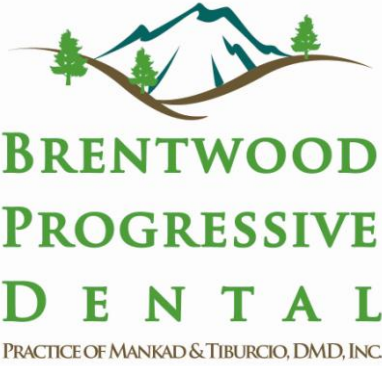
\_\_\_\_\_ All charges you incur are your responsibility regardless of your insurance coverage. We must emphasize that as your dental care provider, our relationship is with you, our patient, not with your insurance company. Your insurance policy is a contract between you, your employer, and the insurance company.

\_\_\_\_\_ As a courtesy to you, we will help you process all your insurance claims. However, all claims not paid within 60 days will become your responsibility.

\_\_\_\_\_ We ask that you pay your co-payment at the time you receive treatment. After the insurance has paid their portion, we require payment of the balance. If their payment has resulted in a credit, we will refund the difference to you within 2 weeks. In some cases, your insurance company will require you to pay us for the full amount to be later reimbursed to you directly from the insurance company.

- For patients without dental insurance, we offer a 5% courtesy accounting adjustment if fees for their complete treatment plan are paid in full with cash or check at the time of arranging the financial terms.
- We also offer CareCredit<sup>®</sup>, a payment plan through which our patients can pay over time with convenient low monthly payments. Many of the plans are interest free! Ask us for the details!\*\*\*

(Over)



\_\_\_\_\_ Returned checks and balances older than 60 days may be subject to collection fees and finance charges at the rate of 2% per month (24% annually).

If you have any questions, please do not hesitate to ask. This form is meant to facilitate clear communication and abolish any misunderstandings. We are here to help you get the dentistry you want or need and to be of service in any way we can!

\_\_\_\_\_

Patient/Parent or Legal Guardian Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Witness

\_\_\_\_\_

Date